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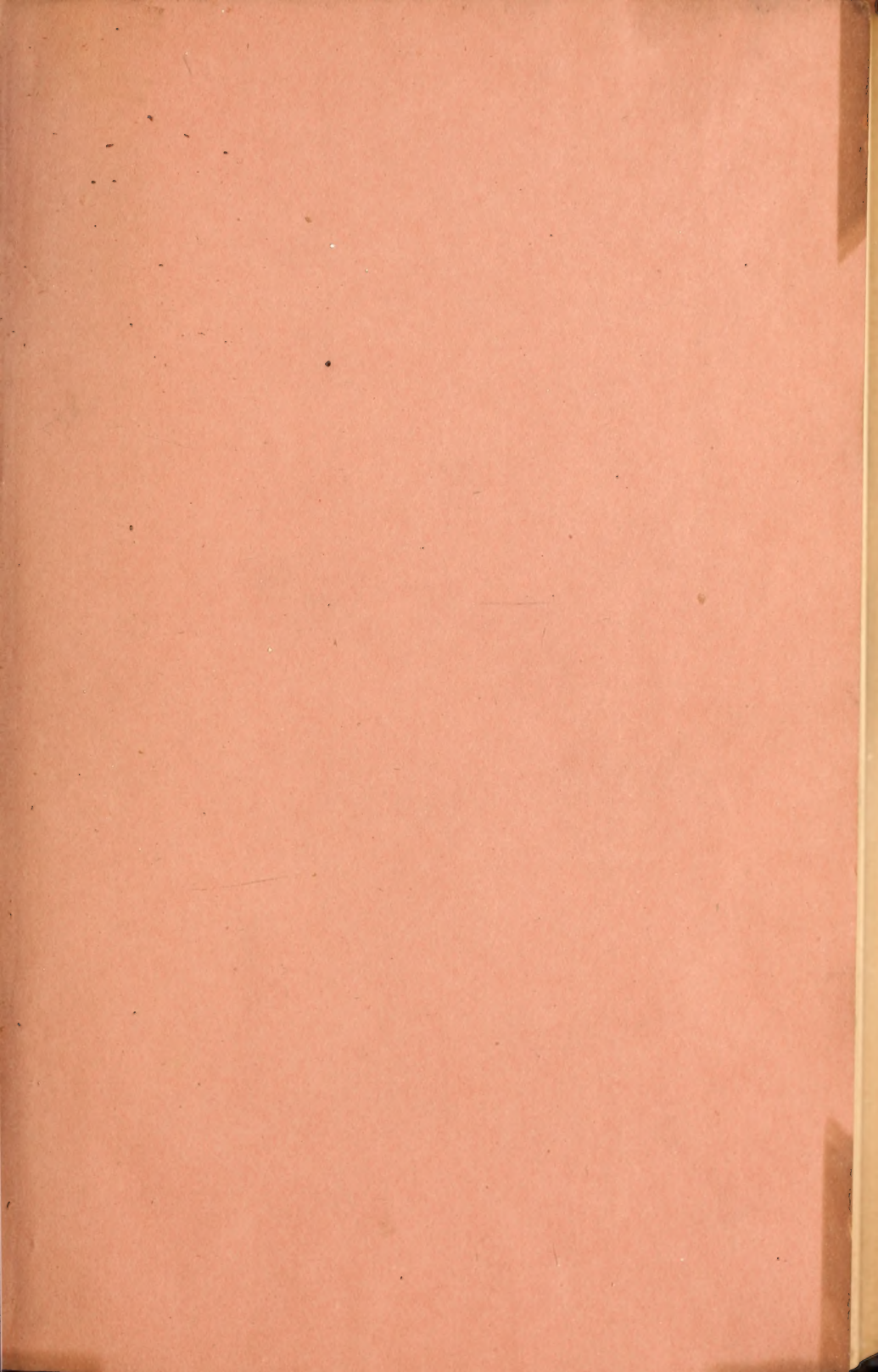



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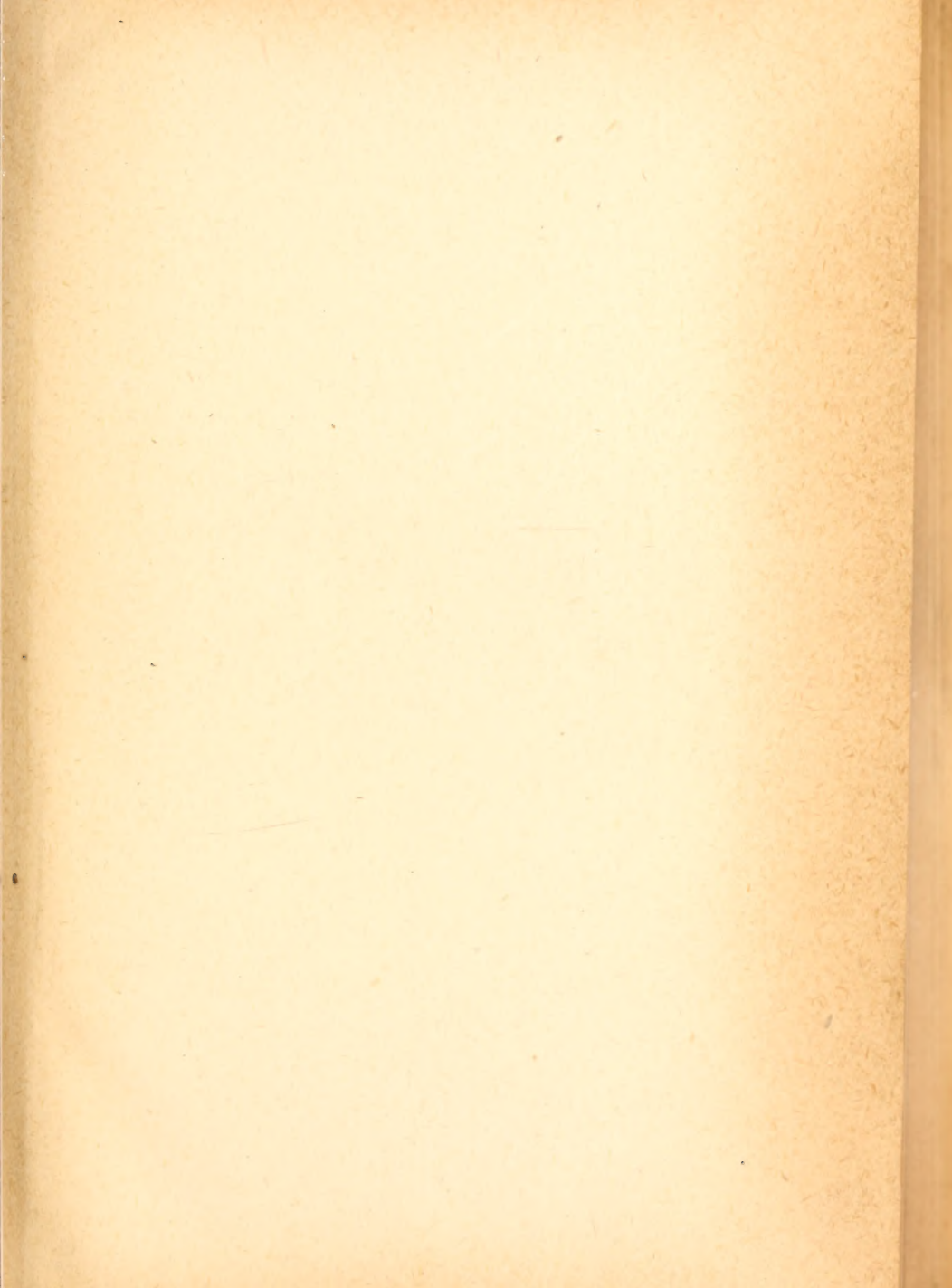
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“DYSPEPSIA” AND A FEW OF ITS CHIEF REMEDIES.

BY PEMBERTON DUDLEY, M.D.

To give a scientific definition of the popular term “Dyspepsia” would be a matter of considerable difficulty, but in more common language, it may be regarded as including those forms of gastric derangement which are attended with the ordinary symptoms of indigestion, except those which, in the acute form, are accompanied with signs of acute inflammation and other grave complications, and those which in the chronic form are dependent on serious structural disease, such as cancer, softening, ulceration, etc. Even this broad definition is very unsatisfactory, but it will suffice for our present purpose. In its minute structure, the stomach is a most complicated organ; in its functions a most sensitive one. The process of gastric secretion is liable to modification, or even total arrest, from apparently very insufficient causes,—a fright, a chill, a fit of anger, an excessive physical or mental exertion, and other similar agencies and influences, almost without number. Nor are the morbid manifestations of the disease less numerous, requiring, as every homœopath knows only too well, the greatest number and diversity of remedial agencies.

The very nature of the influences which suppress the gastric secretion, and thus give rise to temporary indigestion, is in itself strong evidence that nervous disorder may and does induce dyspepsia. And it may be thought reasonable to infer that even the chronic forms of digestive derangement may result through the same channel, if not from the same source, and independently of any morbid changes in the stomach

itself. All experience, however, shows that in chronic cases of dyspepsia, evidences of actual gastric disease are always present. This, it must be admitted, may be the result of imperfect digestion, oft-repeated; but the probability is, that from being primarily the result of digestive disorder, it afterwards becomes its sustaining cause, and should be treated as such.

That condition of the stomach which we find in chronic dyspepsia is by some of our best writers termed "Chronic Gastritis." This designation is calculated to mislead the student, since the condition to which it refers bears no sort of adequate relation to acute gastritis, either in respect to its causes, its intensity, its extent or its tendency. Acute gastritis is comparatively rare, except when resulting from the action of a poison or some other powerful irritant. It involves the deeper tissues of the organ, penetrating to the muscular layers and the peritoneum, and implicating the surrounding organs. So intense is the inflammatory action that all secretion ceases, the mucous membrane becomes dry, and all the violent symptoms of a high inflammatory fever supervene. On the other hand, we find that in our cases of chronic dyspepsia the causes are essentially different, and what is more to the purpose, it rarely results from the acute form, owing, it may be, to the fact that so large a proportion of cases of this latter type either terminate fatally or else run into the most dangerous forms of structural lesion. Moreover, the inflammation is of a far lower grade, being generally catarrhal in character, and limited to the mucous lining of the organ. It is not even certain that, in the first place, the gastric follicles are involved, for all the symptoms of an ordinary case of chronic dyspepsia may be explained without resort to such a hypothesis. We have an increase of mucous secretion, changed, it may be, both in its physical and chemical character. It may be more tenacious than usual, coating the surface of the membrane and preventing or delaying the admixture of the gastric juice with the food, or, it may be abundant and dilute, serving to attenuate the gastric fluid,—in either case delaying the digestive process and giving opportunity for the fermentation of the aliment. This fermentation gives rise to the production of acids, varying in their chemical constitution according to the nature of the food, changes in the gastric liquids, and the duration of the fermentative process. The muriatic acid of the gastric juice may be abnormal in quantity,

and it is said that acid may be exhaled directly from the blood-vessels of the mucous membrane. Besides the muriatic acid of the gastric juice, lactic, acetic, oxalic, butyric and carbonic acids have all been found in the stomach as the result of normal or pathological processes. An excess of acid causes irritability and sensitiveness of the mucous membrane and a sensation of heat at the periphery of the cardiac and œsophageal nerves (heartburn), and excites contraction at the cardiac orifice, with regurgitation of the fluids above (pyrosis). The contact of solid or even liquid food with the sensitive membrane no doubt induces the sensation of pain and of weight in the epigastrium after eating, the gases evolved during fermentation or exhaled from the blood-vessels produce the sour, bitter or putrid taste, the distension, borborygmus and eructation, the palpitation, oppression of breathing, and sometimes, perhaps, nightmare, and adds to the pain and soreness of the whole gastric region.

Following the course of the disease still further, we shall find the imperfectly digested food, and its accompanying acids and gases, passing into the intestines, producing distension and weakness of their muscular coats, affecting the portal circulation and the biliary excretion, and giving rise to obstinate constipation with its vast train of attendant evils. And all this originating from a slight, perhaps even a temporary, catarrh of the mucous membrane of the stomach, and a little delay in the process of digestion.

These reflections on the pathology of dyspepsia are offered because it is believed that they will serve to enlighten us in regard to the far more important matter of its treatment, which we will now consider, limiting ourselves to a very few of the most frequently indicated remedies. I shall endeavor to give prominently the results of my own experience, in the hope of eliciting a very practical discussion.

Nux vomica. Pain in a small space in the epigastrium after a meal. Sensation as of a hard body or of a weight in the stomach after a meal. Nausea with or without vomiting after a meal. Constipation. Frontal or coronal headache. It is of special value and very frequently indicated in indigestion from errors in diet of *almost any* kind, even when attended with fever, as in the cases often met with in children. It is in these transient attacks that I have found Bryon., Pulsat., Chamom. and Arsen., to exert their best effects, rather than in the more deeply seated forms of the complaint.

Mercurius corr., second and third decimal trituration in powder. This remedy I use in chronic dyspepsia far more than any other, and I greatly fear that its value as a remedy has been greatly overlooked. While other compounds of mercury exert their specific effects upon the larger glands, it appears that both the chlorides have a special affinity for the mucous membrane of the alimentary canal, and to be preeminently indicated in *catarrhal* affections of that membrane. Dr. McClatchey recommends the perchloride very strongly in certain forms of coryza, and my own experience within the last few months has abundantly confirmed me in the correctness of his view. All physicians use the *Merc. corr.* in the catarrhal diseases of the colon and rectum, and hold it as one of their most reliable remedies. I feel perfectly safe in asserting that it is indicated in almost as large a proportion of the cases of chronic gastric catarrh as those of dysentery.

Its chief indications are: *Distension and soreness* of the epigastrium; the patient cannot bear the clothing tight or even close around the waist, because it causes both oppression of breathing and pain. Constipation. Pain and distension in the colon, especially the transverse portion. The distension in the epigastrium is partly but not entirely relieved by passing flatus from the bowels. The soreness of the epigastrium is less intense than that of *Bryonia* or *Arsenicum*, but it is much more frequently present. The distension and discomfort in the colon is quite a prominent symptom.

Bryonia. Vomiting of bile or of gastric juice. *Great sensitiveness* of the epigastrium to touch. The pressure of the clothing produces pain, but not always oppression of breathing. Everything tastes bitter. Distension in the intestines rather than in the stomach. Obstinate constipation.

Hepar sulph. Desire for acid food and drinks. Flatulency in the stomach, but without much soreness. Metallic taste. Pain in left hypochondrium, caused by flatulent distension of the descending colon. Burning sensation in the scrobiculus cordis.

Lycopodium. Great distension of the stomach during and after a meal. A very small quantity of food produces a sensation of great fullness. Everything tastes sour; sour eructations. Eructation of immense quantities of gas. Rumbling or sensation of a churning movement in the stomach, (*not* in the intestines. When it occurs in the intestines, *Bryonia* acts better.) Distension and pain in the descending colon.

Silicia. Bitter taste. Burning in the scrobiculus cordis. Flatulence in the intestines, with costiveness.

As regards *Aconite* and *Arsenic* they will both be found more useful in acute gastritis than in gastric catarrh, the first being indicated by a high degree of inflammation, and the second by a dry rather than a catarrhal condition of the mucous membrane. He who prescribes *Arsenic* for a burning pain in the stomach and thirst for small and frequent drafts of water, without regard to other symptoms, will, at least in this disease, be almost certainly disappointed.

ANNUAL MEETING OF THE CENTRAL N. Y. HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

MORNING SESSION.

THE annual meeting of this Association was held in Syracuse, on Thursday, June 18th, 1874, President Benson officiating. Twenty-two members were present. The Secretary's report was read and the following item corrected: Dr. Chaffee did not cure himself by the laying on of hands, but he was cured by another operator. As amended the report was approved. The Treasurer's report was also read and approved. There had been no assessment of dues during the year.

Reports on medical subjects being in order, Dr. Stow, of Fall River, Mass., reported the following interesting cures of intermittent fever and cephalalgia:

Intermittent Fever.

Mr. —, a short, thickset man of 40 years, black hair and eyes, dark complexion, of sanguine bilious temperament, a seaman by occupation, contracted malarious fever in Java some six years since. He suffered from attacks nearly quarterly ever since. They were so troublesome that he was obliged to quit the seas and work for a cotton manufacturing company. His case was characterized as follows:

Quotidian, with chill and thirst, with intense headache in the forehead and nausea, and at times vomiting. Chill was shaking, lasting about an hour. Precursors were, blue lips and nails, general shrinking of the surface, and gaping. The fever in this case lasted some four hours, and was characterized by great heat, with temperature at 101, thirst, restless-

ness and intense frontal headache. Lastly, copious perspiration, with very remarkable amelioration of symptoms. Two prescriptions of *Natr. mur.*^{co} cured him, with no return to date.

Case 2. D. C. Grimmell, a seaman and commander of a merchantman. Had attacks of chills and fever off and on for six years. His fever was quotidian. He was of short stature, weighing not far from 140 pounds when well. Had black hair and eyes and a dark or sallow complexion. When the paroxysms first came he was in North Carolina.

Had the attacks irregularly, but when they returned he would have the quotidian type for three months. Had been confined to the house since July 25th, 1873, obliged to suspend all business from that time up to April 25th, 1874. His treatment had been entirely allopathic, taking Arsenic and Quinine and other drugs in massive quantities, but growing worse and worse. I saw him first, April 25th, 1874, when he had the following symptoms:

Quotidian, at 10 A.M. or at 3 or 6 P.M. First, burning and sickness of the stomach, then vomiting of mucus, food or bile. Next, coldness commencing in the back and running all over the body, with shaking at times. Thirst for warm drinks such as hot tea or ginger tea. Chill lasted some two or four hours. Gaping, stretching, blue lips and nails, and constant licking of the lips, with much thirst, were present. Fever comes on after chills and vomiting, and lasts from two to four hours. Marked prostration, with restlessness and desire to shift from place to place; thirst, dryness of lips and mouth; soreness of hypochondria and epigastric tenderness. During chill and fever, aching of the bones and bruised feeling. He has short asthmatic breathing, with cough and expectoration of white phlegm both during the attacks and when comparatively well. Better from warmth and while sitting bent forward. Sweats are strong-smelling, profuse and easy. Urine high colored and herby, acid reaction.

He is discouraged, melancholy and inclined to anger, or at least to be irritable. *Arsen.*^{co}, three prescriptions cured him. No return of paroxysms since first prescription. He is materially better in every way.

Case 3. Mr. David Earle, a merchant, has suffered for ten years or more from a queer intermittent. Mr. Earle is about 36 years of age, tall, light-blue eyes and brown hair, and inclined rather to loss of flesh. His paroxysms have been very severe and easily excited, with symptoms as follows: Chill

after eating or at 4 P.M. Chill in the back, and thence spreading over the body. Internal coldness with external heat. Shaking chill, with great thirst and frontal headache, gaping and stretching. Eyeballs sore, and sensation as of bruises, with aching of the bones. Desires to be covered up, but with no relief. Great malaise and restlessness during the chill. Long chill, at times lasting two hours. Nausea, but rarely any vomiting between the chill and fever. Hot skin during the chill.

Fever, with thirst for large quantities of cold water, and constant sleepiness. Pulse 88, quite hard. Tongue is thinly coated, mouth dry; is touchy and cross during the paroxysm. As a rule he passes considerable quantities of pale but burning urine before the paroxysms. Had this condition every three months for seven or ten years last past, and has taken much medicine for it, has tried almost everything. At first I gave him *Arsen.*^{co}, but without much benefit. Finally, guided by the intense frontal headache and relief of all symptoms when the perspiration commenced, I gave him *Natr. mur.*^{co}. Since then, February 20th, he has had no return, and feels better in every way.

Intermittent Cephalalgia.

Mrs. S. F. Hamlet, of Fall River, had a right-sided headache for three months. Getting worse, she sent for me. The headache came on daily at 10 o'clock A.M., with dizziness and dull heavy pain. Glimmering before the eyes, fainting and sinking at epigastrium. Slight fever, and thirst an hour or two after the commencement of headache. Better in the open air, and does not feel the cephalalgia *while perspiring*. Soreness of the nostrils for months. Very little thirst. Digestion good. *Natr. mur.*^{co} seems to have cured her.

DR. CHAFFEE, of Rochester, inquired whether *Natrum muriaticum* was ever indicated when the chill did not come on at 10 o'clock A.M.

DR. STOW said that it might be, and referred to one of his reported cases in confirmation. He said that intermittent fever in Fall River was mostly imported. All of his cases were inveterate, and he had cured them by the homœopathic remedy which was suggested by the peculiar symptoms of each case respectively.

DR. CLARY related his personal experience in intermittent fever.

DR. BAKER, of Leroy, said that he had formerly lived several years in the State of Delaware, a malarious region, where intermittent fever was the rule and freedom from it the exception. He practiced medicine there for several years, and successfully treated more than five hundred cases of ague, curing every one that he undertook. The principal remedies that he found curative in this disease were *Ipecac.*, *Natrum mur.* and *Eupat. perf.*, their relative importance being in the order given. It was only occasionally that he used other remedies. *Ipecac.* was the leading remedy, curing a majority of these cases. He commenced using it at the thousandth potency, because he did not happen to have at hand anything lower, and he found it succeeded so well that he had no occasion to change the potency. He found the *Ipecac.* group of cases characterized by excessive bilious vomiting occurring before and during chill and heat. If no vomiting and but little nausea, excessive thirst and marked relief from sweat, especially in chronic cases, *Natrum mur.*²⁰ was the curative remedy. It was common there for people to have this disease for years. *Eupat. perf.*²⁰ was occasionally indicated, *e. g.*, when there were severe bone-pains and vomiting between chill and heat.

In congestive chills, which prove so fatal in Delaware, he thought *Gelseminum* was indicated, though he had never treated any such cases. His former student, Dr. Putnam, of Michigan, reports that *Ipecac.* is almost a specific for ague in his vicinity.

DR. STOW said that the report of such brilliant cures, performed by infinitesimal doses, was the grandest vindication of homœopathy that could be made. He counseled that we stand by our colors. He was glad to be present once more at a meeting of this society, which he regarded as in many respects the best of any with which he was acquainted. And he had heard it highly commended by intelligent physicians East, West, North and South.

DR. CLARY. There is no objection to its being known by outsiders that homœopathsists use all potencies, and sometimes even crude drugs, either of which may be homœopathic. He was as firm a believer in the law of similia as Dr. Stow or any one else. As an allopath, during the first eighteen years of his practice, he thought he injured many and cured some

cases. But all recoveries are not cures. He occasionally resorted to palliatives, but did so openly.

DR. HAWLEY. The difference between a homœopathist and an allopathist is that the former individualizes his cases, seeking the peculiar symptoms calling for the curative remedy, whereas the latter follows routine practice or crude generalization and succeeds perhaps in giving more or less of temporary relief. Allopaths say, for instance, that intermittent fever cannot be cured without quinine, and there are many homœopaths who cherish the same delusion, taking it for granted that they cannot cure this disease with their own proper remedies. Hence the occasion for the charge that no homœopathists are honest in their practice. A homœopathist may consistently use morphine for temporary relief, but he should do this only when he cannot cure the case by homœopathic remedies. When using mere palliatives we should not pretend that they are homœopathic remedies.

DR. STOW did not claim that palliatives should not in any case be administered. He used them rarely, perhaps twice a year, and only when he had abandoned all hope of curing his patient.

We may avail ourselves of the whole range of potencies, from the highest down to the crude drug, but we will be guided in our selection of the remedy by the law of cure. He once cured a case of ague with China, and when various dilutions of this drug had failed.

DR. U. H. BROWN reported the following case of

Otitis Parasitica.

CASE.—J. B., a gentleman æt. 40, consulted me May 12th, 1874, in regard to an impairment of hearing in the left ear, but more especially on account of the severe tinnitus aurium and vertigo which incapacitated him for the performance of his duties as a bank cashier. For two years the ear appeared as he said to be "plugged up." Aside from the ear troubles the patient's general health was good, though he has a naso-pharyngeal catarrh of three years standing. My watch, which is generally heard at 60 inches by a person with normal hearing, was only heard on contact. Upon examining the auditory canal it was found to be nearly filled with a lardaceous mass, dotted here and there by minute dark particles. This collection clung with great tenacity to the walls

of the meatus and could be removed only by soaking over night, strong syringing on the following day, and detaching the mass by means of a Bowman probe and the angular forceps. The membrana tympani was intact, but slightly depressed. The Eustachian tube was impervious by the Valsalvian method but made patent by Politzer's air bag. The hearing power for ordinary conversation was nearly restored upon removing the collection, but that for the watch was only increased to $\frac{10}{60}$, although during the subsequent treatment by Politzer's method the hearing for watch has been brought up to $\frac{50}{60}$. At the second visit I was surprised to find that the canal was rapidly filling again, and concluded from this that I had a case of otitis parasitica to deal with. A microscopic examination of the morbid product showed that it was a specimen of *aspergillus nigricans*. A few days' persistent treatment with warm water douching and carbolic acid lotion cured the case.

This case is reported not on account of its rarity alone, but to illustrate the importance of recognizing the true condition of things in obstinate cases of impacted cerumen. Seven years ago Schwartze gave a description of the vegetable fungi which germinate in the auditory canal. From the reported cases it would appear that the disease is seldom *primary* but is apt to follow after eczema of the meatus and aural catarrh. It is really a kind of mould such as forms on damp walls. As symptoms of the disorder we have, *subjectively*, pain, tinnitus aurium and vertigo, the same as are found in many other diseased conditions of the ear. *Objectively* we observe a collection of whitish or blackish flakes adhering to the walls of the canal and the external face of the membrana tympani, resembling somewhat inspissated cerumen. When removed, the growth will reproduce itself in a few hours. The microscope will make the diagnosis certain. Roosa gives four varieties of vegetable parasites found in the ear, viz.:

- I. *Aspergillus*—flavus, glaucus, nigricans.
- II. *Penicillum glaucum*.
- III. *Graphium penicilloides*.
- IV. *Tricothecium roseum*.

Dr. Draper, of New York, has found the *aspergillus* fungus on the inner side of the thigh, but it is rarely found excepting in the auditory canal.

The management of cases of vegetable fungus growths in the ear is not difficult, but may be tedious from the tendency of the growth to reproduce itself. The collection should be

removed every day by means of the syringe and forceps. Other diseases appearing in conjunction with this must be treated by the proper means. Among the parasitocides recommended may be mentioned alcohol, tincture of iodine and carbolic acid. Dr. Warden recommends the hypochlorate of lime, two grains to an ounce of water. Fowler's solution may be used in obstinate cases. Dr. Roosa thinks that warm water is the only paraciticide necessary.

DR. L. B. WELLS reported the following cures of cerebral affections:

Religious Insanity.

Mr. O. D., æt. 23, nervo-sanguine temperament. During a season of religious excitement in the year 1865, he abandoned all business affairs, taking but little food and that reluctantly, and for some two weeks was without sleep. As the friends were anxious to avoid if possible a necessity for taking him to the asylum, I was requested to prescribe for him.

As many of his symptoms corresponded to Belladonna as well as the temperament, I gave him Bellad.²⁰ and Coffea²⁰.

The most important aim to be secured was sleep. The first night he had one hour of sleep, the next two, and the third four, the fourth five, and the fifth he slept eight hours.

With this change his disposition to take food returned, and he was a well man and resumed his accustomed business.

Mrs. A. S. P., æt. 81, generally in good health, assuming that all her relatives were her enemies, would take nothing from any one but the servant girl.

She would take the medicated pellets from her hands, and I gave her Stramon.³⁰ three or four times a day. In ten days she was again all right, and has remained so for two years.

Nothing of the kind was ever developed before in her case.

DRS. TURCK and HUTCHINS were duly elected members.

AFTERNOON SESSION.

Characteristics.

Remarkable case of suppresse ditch. Lachesis, Kali bich., and Rhus radicans.

DR. BAKER, of Leroy, reported the history of his personal experience during the past forty-four years, in the suppression of scabies by the local application of a lotion of white hellebore. This treatment during his youth, at the age of fourteen,

speedily caused the disappearance of the eruption, and this was followed almost immediately afterwards by severe hæmoptysis which continued three years and was attended with troublesome cough, bluish expectoration and great dyspnœa. Finally, upon right leg where blisters had been applied, a cutaneous eruption appeared, consisting of an itching rash and large yellow pustules, with immediate relief of the hæmoptysis. Afterwards, when he suffered from any attack of acute disease, this eruption would immediately disappear, and then the pulmonary difficulties would return, cough with bluish expectoration, great dyspnœa and occasional hæmoptysis. He had at least two hundred blisters drawn upon the chest and inner surface of the right leg above the ankle. These blisters always gave relief from all the complaints. One year, when dysentery prevailed, he had an attack of this disease, characterized by evacuations looking like beef brine. He was then under the treatment of Dr. Mathews, of Rochester. He got no relief from medicines until he told Dr. Mathews that a blister applied to the leg always relieved him of any acute attacks of disease. Dr. M. consented to its application in this case, and as soon as applied the dysentery ceased. Then followed a throat-affection with difficult deglutition from partial paralysis, for which nearly every homœopathic physician whom Dr. B. consulted prescribed *Lachesis*, generally in a low dilution, but it did no good. Whenever an ulcer on the leg healed, a blue scar remained, indicative of *Lachesis*. And there was also a marked aggravation of symptoms after sleep. Dr. Kirby, of New York, prescribed *Lachesis*^{2c}, but this failed to produce any apparent effect. After a few years Dr. B. visited several physicians in Philadelphia. His leg was then covered with the itching eruption. Says Dr. Lippe, "you want *Lachesis*^{41m}," which he administered on the tongue. For three days subsequently there was an improvement in deglutition, but on the fourth day there was an apparent aggravation of the difficulty. Dr. Lippe advised no further medication. In less than four weeks a perfect cure of the throat-difficulty was accomplished by the single dose. The bluish expectoration was slightly improved, the large ulcers on the leg were entirely healed and the blueness of the cicatrices was entirely removed.

Two years ago he took cold and had in consequence hepatization of the left lung. A blister was then applied on the leg, followed as usual by relief of the pulmonary symptoms.

Afterwards an itching, branny, tettery eruption, bleeding after scratching, spread all around the cicatrix caused by the blister. There was scarcely any pustular eruption. In six months the eruption extended all over the leg. When let alone there was intolerable itching, especially in the evening. When he scratched it, he invariably experienced a voluptuous sensation as if he were going to have a seminal emission. Then would follow a smarting, burning sensation in the eruption as from a coal of fire, and lastly a terrible pain in the right testicle. After scratching, as Dr. Miller often observed, about a teaspoonful of branny scales fell upon the floor. Vertigo also followed scratching, so that he could not see clearly. He did not bend the head forward when scratching. The itching was increased by heat. As to his general health, he always felt better when the eruption was developed. When subsequently visited at different times, Dr. Lippe always recommended an occasional dose of *Lachesis*^{41m}, but its mission was already accomplished and it gave no further relief.

The last week of last April, Dr. B. came to Dr. Miller's office and conversed with him on the treatment of this inveterate disease. Speaking of the attack of dysentery with beef-brine evacuations, Dr. Miller remarked that *Rhus tox.* should have been taken for the dysentery, as it would have made a better cure and left a better impression upon the system than the blister had done. He inquired if Dr. B. had used *Rhus tox.* for the eruption. The reply was that it had been thoroughly tried to no purpose. Dr. B. observed that there were two characteristic indications of *Rhus radicans*: the fact that the itching always kept in advance of the part scratched, and the itching could always be produced by touching the diseased part. But he had taken *Rhus radicans*^{4e} without benefit. Dr. Miller then suggested *Rhus radicans*^{2e}, three powders of which he gave. These taken occasionally accomplished a perfect cure. Dr. B. then exhibited the leg covered with white cicatrices where the ulcers and eruption had healed. All the symptoms disappeared after taking this remedy. During the past forty-four years he never felt well until now, except when the eruption was out. Now there was no eruption, and he felt well. *Kali bich.* always to some extent controlled the cough and blue expectoration. He has used tobacco 38 years.

The President referred to Dr. Allen's statement at the Niagara Falls Convention, that *Rhus tox.* and *Rhus rad.*

were the same plant developed in different circumstances. Dr. Baker could testify that the remedies were not identical in virtue.

DR. BREWSTER reported a case of erysipelas and one of lumbago cured by *Rhus radicans*. Indication: aggravation of pain after but not during motion.

1. *Erysipelas*. *Rhus radicans*⁶. A patient had erysipelas, with red, itching phlegmonous swelling, with vesicular eruption extending like a band around the right ankle. There was a large open ulcer on the ankle. *Rhus tox.* did no good. There was an aggravation of pain *after*, not *during* motion. *Rhus radicans*⁶ was immediately followed by improvement which continued until recovery was complete.

2. *Lumbago*. *Rhus radicans*⁶. With the same remedy he had cured a case of lumbago characterized by the same aggravation of pain.

DR. CLARY reported his own case for diagnosis and treatment. He came to Syracuse nearly fifty years ago. Riding in a malarious region, as it then was, he got ague, erythema nodosa, sciatica and supra-orbital neuralgia. Took quinine and Fowler's solution of arsenic. Four years ago, when walking rapidly he had severe pain in the region of the heart and at the insertion of the left deltoid muscle. Had to stop and hug the arm with the well arm. For two months he has been confined to the house nearly all the time. Appetite good, but food produces a recurrence of the pain, as does also fast walking. Now the pain has gone over to the insertion of the right deltoid. Wakes at 4 A.M., with sneezing, fluent coryza and asthmatic wheezing. Is obliged to sit up. This spell continues half to three-quarters of an hour. Pain in deltoid dull, aching. Pain in stomach severe. For twenty-five years has had intercostal neuralgia between seventh and ninth ribs, relieved by a tight bandage. No fever. Bowels rather constipated. Feet cold. Better in warm weather. No palpitation. Sensation as if the heart were pinched up; but Cactus in various potencies does no good, nor does he get any benefit from Arsenicum or any other remedy. Is this angina pectoris?

DR. STOW answered in the negative. That disease generally gives increased and forcible action of the heart and fear of impending death. Its causes are organic diseases of the heart, as aneurism, fatty degeneration or ossification of coronoid artery. His rheumatism is relieved in the morning by a copi-

ous secretion of mucus in the air passages. He diagnosticated it a rheumatico-catarrhal condition, and he would have prescribed Arsenicum. But since this remedy has been thoroughly tried to no purpose, he would recommend Sulphur^{2m}, as the prominent antipsoric, indicated by the complication of diseases. Among the characteristics of Arsenicum found in this case were, relief by heat, aggravation sometime after midnight, copious fluent coryza from the nostrils, a constant dripping, relief of dyspnœa from sitting. Cannot lie down on account of this mucous secretion in the air passages.

DR. BAKER for three reasons would not give Arsenicum. There is not enough of debility, the coryza is too mild, and no burning heat attends. He suggested Kali carb., adapted to the time of aggravation and to various other symptoms.

DR. STOW reported the case of Dr. T. K. Smith, of Auburn, as capillary bronchitis complicated with engorgement of the parenchyma of the lungs. Inspirations were short and difficult, expirations long and free. In capillary bronchitis there is usually resonance on percussion, but in this case there is dullness caused by the engorgement. The vesicular murmur is indistinct. The case is a dangerous one. In advanced infantile cases, the epigastrium and lower ribs are drawn in, as in croup. The members generally wrote each a prescription for the case of Dr. Smith. Remedies suggested, Arsen., Sulphur, Phosph. ac., Lachesis, Carb. veg., Kali carb. and Amm. carb., Dr. Brewster prescribed Bellad.

Blindness—Bovista.

DR. BAKER reported the case of a lady having paralysis of the optic nerve of the right eye for two years, with total blindness. When it first came on she could see just half of an object perpendicularly (Hemiopia, vertical—Aurum. fol., Gelsem., Lycop., Mur. ac.). Bovista.^{2o} perfectly cured in four weeks.

DR. HAWLEY said that characteristics should be illustrated by clinical cases in confirmation. He also reminded the society, that according to our by-laws, "each member is required to read an article or report a case in writing at least once a year," and according to a previous vote of the society every clinical case shall be reported in writing.

Dr. Gregg's Arsenicum symptom in phthisis. He alluded to Dr. R. R. Gregg's confirmed symptoms of Arsenicum in phthisis, and stated the case of a lady patient treated by him.

Cough, attended with pain, extending through the upper lobe of right lung to scapula. Cured by Arsen.^{40m}.

DR. MILLER was invited by the society to report on characteristics, but he declined, promising to do so at the next meeting.

Anæsthetics.

DR. GWYNN requested the opinion of the society concerning the use of anæsthetics in labor.

DR. CLARY frequently gave Chloroform in such cases and never to the detriment of his patients. Chloroform should be kept excluded from the action of the light, as he had found by experience that it was soon decomposed and seriously damaged by such exposure.

DR. SEWARD related his satisfactory experience in the use of Chloroform in severe cases of labor.

DR. STOW said, that in New England there was a great prejudice against the use of Chloroform, which in his estimation was not well founded. He had used it hundreds of times without ill result. Had used Chloroform ten times as often as ether, and considered it preferable to the latter in surgical operations. The principal objection to ether is that it is liable to produce retching and vomiting. Pure Chloroform, such as is manufactured by Squibb, is perfectly safe to administer where there is no serious organic disease of the heart or brain. In organic diseases of the lungs, such as pulmonary œdema and consumption, it may be perfectly safe. As a rule he thinks it safe to give it in labor, though it is liable to produce asphyxia of the foetus.

Officers for the ensuing Year.

The following officers for the ensuing year were elected: President, B. B. Schenck, of Onondaga County; Vice-President, W. M. Gwynn, of Cayuga County; Secretary and Treasurer, H. V. Miller, Syracuse.

Subject for discussion at the next meeting, *Characteristics*.

Adjourned to the first day of the semi-annual meeting of the N. Y. State Homœopathic Medical Society, to be held in Syracuse in September next.

THE WORLD'S HOMŒOPATHIC CONVENTION RECORD.

AT Niagara Falls, June 10th and 11th, 1874, the Committee of Arrangements met at the call of the Chairman, and adopted the following as its Annual Report to the Institute:

Report.

* * * The Committee have adopted and they recommend to the Institute to sanction and adopt the following plan for conducting the World's Homœopathic Convention:

"1. That the American Institute of Homœopathy meet in 1876 in Philadelphia as 'The World's Homœopathic Convention under the auspices and control of the American Institute of Homœopathy;' and that the date of the meeting be determined at the Annual Meeting of the Institute in 1875.

"2. That the Bureaus and Committees of the Institute which shall be appointed in 1875 shall present their usual reports at the regular meeting of the Institute in 1877; and that, in 1876, in place of the reports and discussions of the Bureaus and Committees of the Institute, the World's Convention receive the reports and discussions of essayists and debaters of our own and foreign countries, to be appointed by the Committee of Arrangements.

"3. That the Transactions of the World's Convention be published in a handsome bound volume, to be distributed among the members of the Institute and their foreign guests; and that the expenses be paid by the Institute." * * *

The Institute, by a unanimous vote, passed the following Resolution:

"*Resolved*, That the Institute accept and adopt the Report of the Committee of Arrangements of the World's Homœopathic Convention, and that it authorize the Committee of Arrangements to proceed to execute the plans adopted by them."

The following were elected to fill vacancies in the Committee of Arrangements:

Alabama, DR. F. F. DE DERKEY, Mobile.

Mississippi, DR. D. B. CHASE, Natchez.

Texas, DR. WM. M. MERCER, Galveston.

Illinois, DR. A. E. SMALL, Chicago.

New Hampshire, DR. J. T. WHITTLE, Nashua.

Vermont, DR. C. B. CURRIER, Middlebury.

Rhode Island, DR. WM. VON GOTTSCHALK, Providence.

Louisiana, DR. WALTER BAILEY, New Orleans.

On motion it was resolved that the Chairman be empowered to fill all other vacancies, and that the Executive Committee have power to fill vacancies in their Committee, and the Chairman of the Committee of Arrangements was made *ex-officio* a member of the Executive Committee. On motion the Chairman was directed to print the proceedings and reports of the Committee of Arrangements and distribute copies among the members of the same, that they may know what has been done and is proposed to be done by the Committee and what is expected of them.

At the meeting of June 11th, 1874, the Committee of Arrangements unanimously adopted the following Report of a sub-committee appointed to present a final plan of operations:

“1. That, wherever State or National Homœopathic Societies exist, they be appealed to to furnish historical and statistical reports concerning Homœopathy in their respective States or Nations; where there are no such societies, that prominent resident physicians be requested to do this work; and they recommend that the business of applying to these societies or individuals, in the United States, be placed in the hands of the Chairman of the Committee of Arrangements and of the members who represent the respective States; and that, if the members representing States refuse or neglect this duty, the Chairman of the Committee shall have power to assign the work to other physicians. The object of associating the Chairman with the State members is that he may have cognizance of what is doing and may be able to supply deficiencies. Also, the Chairman shall be allowed to assign the business of soliciting and receiving reports of various *sections* of our country to such members of the Committee as may be peculiarly qualified to assist him.

“2. As regards foreign countries, that the Committee of Arrangements authorize their Chairman to appoint a sub-committee of two members to act with the Chairman as an ‘Advisory Committee,’ and which, with the Chairman, shall conduct the foreign correspondence of the Committee of Arrangements and appoint essayists and debaters. They shall proceed, without delay, to the work of securing historical and statistical reports and of appointing and securing essayists, to the end that ample time may be allowed for the production of works worthy of the occasion, and shall make every effort to have all papers and reports in the hands of the Chairman as early as January 1st, 1876.

"3. It being, at this time, uncertain what number of foreigners may contribute to our Transactions, the apportionment of appointments as essayists, etc., among our own and foreign physicians, shall be left to the discretion of the Chairman and Advisory Committee; but an American physician should be appointed to prepare a historical summary of what has been done and is doing in each of the departments of medicine which it is proposed to discuss in Convention. This will complete the historical portion of the Transactions, giving us the history and statistics of HOMŒOPATHIC INSTITUTIONS, REPRESENTATION AND THOUGHT.

"The Chairman and Advisory Committee shall also secure, if possible, in addition to essays from foreign individual physicians, official scientific communications from foreign National Homœopathic Associations.

"In recommending the lodgment of so much power and responsibility in the hands of the Chairman and a small Committee, the sub-committee are influenced by a consideration of the impossibility of conducting so complicated a business, to be done altogether by correspondence, if it be left in the hands of a large Committee scattered over the Union. But they regard it as well understood, that, whenever this may be possible, the Chairman shall consult with the entire Committee of Arrangements and shall seek and procure their approbation and consent to such measures as he and the Advisory Committee may propose."

This Report having been unanimously adopted, the Committee of Arrangements, on motion, adjourned subject to the call of the Chairman.

CARROLL DUNHAM, M.D.,
Chairman.

ROBT. J. McCLATCHEY, M.D.,
Secretary, p. t.

PASTEBOARD SPLINTS IN FRACTURES.

BY R. C. ALLEN, M.D.

ALLOW me to present a few cases of fractures which have come under my especial treatment within the past twelve months. I wish to show by them the good results obtained by the use of pasteboard splints.

Case 1.—Harry A., a lad æt. 6, fell, four weeks ago, and

fractured both radius and ulna of the left arm three inches and a half above the wrist. Two well-soaked pasteboard splints were applied to the anterior and posterior parts of the arm, a piece of old muslin having been previously applied to the arm. The arm was then bandaged from the fingers to the elbow. Following this a thin, well-padded wooden splint was applied and bandaged to the anterior part of the arm, the whole included in a loose sling fastened around the neck. This morning, June 17th, 1874, I removed the dressing, and found a perfect union and coaptation of the fractured bones. Calc. carb.²⁰, given internally.

Case 2.—James G., a man æt. 36, and of intemperate habits, fell and fractured the tibia and fibula of the left leg five inches above the ankle. The pasteboard splints were applied to the inner and outer sides of the leg, and then bandaged from the toes to the knee. A padded wooden splint was applied to the inner side, projecting four inches below the foot, to prevent the using of the limb. Perfect union was obtained in nine weeks, but the limb was kept bandaged for twelve weeks, as the patient was of intemperate habits. One week after the accident he was allowed to move about on crutches. The first week Nux vom.²⁰ was given, after that Calc. carb.²⁰

Case 3.—Jno. F., an Irishman, æt. 55, by the kick of a horse fractured the ulna of the right arm in the middle third. Pasteboard splints were applied, and a wooden splint bandaged to the inner side to prevent use of the arm. This case made a good recovery in the usual time. Calc. carb.²⁰ was given internally.

Case 4.—Mrs. M., a fleshy woman æt. 60, fell down stairs, striking the palm of the hand and producing a Colles' fracture of the right wrist. Instead of using the ordinary splint for such cases, pasteboard splints were applied, and the case made a happy recovery in a very short time. The splints were applied so as to include part of the hand and six inches of the arm. Calc. carb.²⁰ was given internally.

Case 5.—Jno. B., a lad æt. 5, fell off a fence and fractured the left ulna one inch below the elbow. The arm was put at right angles and soaked pasteboard splints applied, and the arm kept in position by a right-angled wooden splint. Perfect union was made and natural motion of the elbow obtained. Calc. carb.²⁰, given internally.

Case 6.—Wesley C., æt. 9 years, fractured the internal con-

dyle of the left humerus. A compress and pasteboard splints were used, and the arm put at right angles by a wooden splint. Coaptation of the condyle was secured, and perfect motion of the elbow given. He made a speedy recovery. Calc. carb.^{2c}, given internally.

Case 7.—Mrs. S., a woman æt. 60 years, slipped on a plank, and fractured the tibia and fibula of the right leg five inches above the ankle. Pasteboard splints were adjusted, and a wooden splint placed upon the inner side of the limb to deny motion. A remarkable recovery was made. No untoward symptoms developed, and no shortening of the limb noticed. Calc. carb.^{2c} was also given in this case.

Case 8.—Thomas D., æt. 22, fell from the roof of a three-story brick house, and produced a Colles' fracture of both wrists. Pasteboard splints were applied to the anterior and posterior surfaces, including the hands, wrists and six inches of the arms. A straight wooden splint was bandaged to the anterior surface of each arm. A perfect result. Arnica.^{2c} was given internally for other injuries received.

Case 9.—Sallie C., a healthy girl æt. 9 years, fractured the right ulna in its middle third. Pasteboard splints were used, as previously described for that fracture, and the case made an excellent recovery. Calc. carb.^{2c}, as usual, internally.

Case 10.—Charles W., a lad æt. 14 years, fractured the fibula of the right leg, three inches above the ankle. The pasteboard splints were applied to the inner and outer sides of the limb, and a straight wooden splint placed on the inner side, with a large compress resting against the inner malleolus so as to allow the foot to be drawn into a natural position. A perfect cure was made. Calc. carb.^{2c} was given internally.

Case 11.—Harry A., æt 5 years, fractured the right ulna three inches above the wrist. The pasteboard splints were applied and the case made an excellent recovery. Calc. carb.^{2c}, internally.

Case 12.—James F., a laboring man æt. 35 years, fractured the radius of the right arm, four inches above the wrist. In this case the fracture occurred a week previous to my seeing it, and nothing was done for the fracture during that interval. The parts were adjusted, the pasteboard splints applied, and a perfect union was obtained. Calc. carb.^{2c}, internally.

Case 13.—Charles S., a young man æt. 23 years, fractured the radius and ulna of the right arm by the kick of a horse.

Two days after the accident I applied the pasteboard splints, and the case made an early recovery, with perfectness of the injured part. Calc. carb.²⁰, given internally.

These were cases admitting of the use of pasteboard splints, and in each of these cases a wooden splint was also applied to keep the parts at rest, more so than for any other purpose. Calc. carb.²⁰ was most usually given internally, unless some other remedy such as Rhus tox. or Arnica was indicated.

The good results obtained by the use of pasteboard splints have led me to adopt their use whenever it is practicable. There are many fractures, I know, where the pasteboard splints cannot be applied, but wherever they can be used I would with the greatest confidence apply them.

INTERMITTENT FEVER.

BY A. A. ROTH, M.D.

IN reading our Journals one cannot help noticing the great importance attached to the successful treatment of this disease. Having had quite a flattering amount of success in this great bug-bear of homœopathy, I feel constrained to give my experience, hoping it may assist some, and that none will blame my treatment until they can show a better record of their own.

During the summer and fall of 1873 I treated in all 53 cases, curing all but one, who was led away by the prejudice of his friends. The remedies used were Eupat. perf., Ipecac., Corn. flor., Apis., Gelsem., Ignat., Laches. and Cinchon. The proportion cured by each, was:

Eupat. perf.,	23	cases,	cured by	1st dil.
Ipecac.,	18	"	"	"
Corn. flor.,	4	"	"	"
Apis.,	3	"	"	"
Gelsem.,	2	"	"	"
Ignat.,	1	"	"	30th dil., every 3 hours.
Laches.,	1	"	"	3d trit., " 3 "
Cinchon.,	1	"	"	1st " " 2 "

The number of chills following the administration of the remedies, was:

1 case 14; had chills constantly for *two years* previously, cured by Ignat.³⁰.

3 cases 4 chills.

8 " 3 "

4 " 2 "

37 " 1 chill.

All the cases in which but one chill followed were under the administration of Eupat. perf., Ipecac. and Corn. flor.

39 cases were of the tertian type.

4 “ “ “ quotidian type.

28 “ had had chills previously.

Nearly all the cases were caused by the extremely low condition of the Monocacy and Potomac rivers during the entire summer. During this spring and summer, thus far, I have treated 11 cases on the same plan, and with the same success; neither have I had any of my last year's patients return with chills.

Owing to the fact that nearly every case of ague will be constantly either *ante-* or *postponing*, I never regard the time of *exacerbation* as of much consequence, but select the remedy which, in my judgment, seems to cover the *most* of the symptoms, and prescribe it as given further on, always continuing the remedy until cured or no longer indicated, when I give the next best indicated in the same manner.

Should a remedy fail to cure in the dose prescribed, but still be the best indicated, I unhesitatingly *double* the quantity, using two drachms instead of one, and have never yet been disappointed. Neither have I ever had the least bad results.

I may as well remark here, that no account whatever was taken of the diet of my ague patients.

My method of preparing and prescribing the remedies is as follows: To 1 ounce pure alcohol add 2 drachms of the tinct. Ipecac., or whatever drug is wanted. Succuss thoroughly. To 4 ounces water, add 1 drachm of the indicated remedy, as thus prepared, and give a teaspoonful every hour regularly, except during the chill, but during the fever and sweat. As soon as the chills cease, give the medicine every three hours for forty-eight hours afterwards, when generally all danger of a relapse will have passed.

This will doubtless be considered heroic treatment by many of my professional brethren, but please remember that the remedies were prescribed strictly homœopathically, were not alternated, and that no ill-effects whatever followed.

The following are the indications for the remedies upon which my prescriptions were based:

Eupat. perf. Long chill, short fever, or fever through the day, but *very light*; little or no sweat; thirst generally very great throughout the whole day; much shivering, even during

the fever, a swallow of water will make him shiver; pains in back, head, chest, etc. In fact, the more general and severe the *pains* the better the remedy is indicated. Chills come on in morning generally, but it cures other cases if indicated. Nausea no guide whatever. Cures *all* types.

Ipecac. Short chill, long fever, sweat either profuse or scanty; *internal nausea*; vomiting; *cold hands and feet*; *great oppression* of the chest, can hardly breathe; *always* after previous drugging with quinine. If no other remedy is plainly indicated *Ipecac.* will cure.

Corn. flor. First moderate heat, then light perspiration, ending with a *crawling* sort of chill, beginning in back and going upwards. When all the stages seem aborted, and patient says his chills don't amount to anything. Weak, languid, loss of appetite. When *quinine* seems indicated and you don't want to give it.

Apis. Chill *always* begins at 3 P.M. and neither ante- nor postpones.

Gelsem. Chills begin in *feet or hands and run upwards*. Long but not hard chill. *Great nervousness*. Begins in the evening generally. *Angry*.

Ignat. Chill relieved by *wrapping up warm*; chill begins as soon as the back is the least uncovered; strong symptoms of spasms in nervous women. Period of exacerbation very changeable, it either postpones or antepones.

Lachesis. Has *ague* regularly every spring; gets delirious, excited and *very talkative*.

Cinchona. Great enlargement of the *veins* on arms, legs, etc. Hot in one part and cold in another; enlargement of liver and spleen; great debility; *whole body as yellow as saffron*.

BRITISH HOMŒOPATHIC CONGRESS.*

THE annual Congress of British homœopathic practitioners was held at the London Homœopathic Hospital, June 6th. A large number of physicians were present. The proceedings were opened by the President, Dr. Dudgeon, who delivered a stirring address on "*The Influence of Homœopathy on General Medical Practice since the death of Hahnemann.*" This address is very lengthy, and it would be impossible to give an idea of its scope by abridging it. We understand, however, that it is to be published in pamphlet form, and if this be

* We are indebted to A. C. Pope, Esq., for advanced proof-sheets.

done, it is to be hoped that a number of copies will find their way to this country, as the address would certainly be a valuable "campaign document."

We have not room for a full account of the proceedings and papers, but give herewith extracts from one of the most valuable of the papers presented, and the discussion thereon.

THE ACTION OF NITRIC ACID IN CERTAIN FORMS OF COUGH.

BY DR. D. DYCE BROWN.

One is very apt in the every-day round of practice to prescribe our well-known and well-tried medicines, and to allow the virtues of other drugs, equally valuable in their own spheres, to be forgotten. In this present paper, then, I please myself by the thought that I shall perhaps render a small service to my homœopathic *confrères*, by endeavoring to develop the value of *Nitric acid* in certain forms of cough. Of course there are other uses of *Nitric acid*, but it would make much too lengthy a paper to take up more than the one point I have named. I shall break this resolution in only one particular, by noticing its great value in constipation. This is a point of which I was not previously aware, but which forced itself upon my observation in the treatment of the cough cases.

The only full account of the pathogenesis of *Nitric acid* is in Hahnemann's *Chronic Diseases*, vol. iv., where it is classed among the antipsoric remedies. Dr. Hughes, in his *Pharmaco-Dynamics*, says of this pathogenesis, "I must confess myself at a loss what to make of the provings in that remarkable work. Until the day books of the provers are published, and the quantity and frequency of the doses taken are ascertained, I feel the utmost uncertainty as to the reality of the numerous and multifarious symptoms ascribed to the 'antipsoric' medicines. With *Nitric* as with *Muriatic acid*, I must direct you for the present to clinical experience as the only available means of ascertaining its sphere and mode of action."

With all due deference to Dr. Hughes, I think this is rather a severe criticism on Hahnemann's pathogenesis. Of course the meaning and value of all the recorded symptoms would be much more apparent, had the particulars of the doses been given; but still I think we can see running all through the proving a state of body, which in my experience is the one where *Nitric acid* is chiefly indicated. It is, to state it shortly,

a state of general physical depression, which shows itself in various ways. In a paper like the present it would be impossible to analyze and comment upon all the morbid conditions described as present by Hahnemann, but in the majority of cases where I have found *Nitric acid* indicated for cough, and of service in its removal, there is this general state of physical depression more or less marked. Perhaps the most interesting method to pursue, instead of giving a list of pathogenetic symptoms, will be to draw a picture of what in my view is a typical *Nitric acid* case.

The complaint is, to begin with, an essentially chronic one. All the symptoms point to this; and I do not think that it is at all a medicine suited to acute cases. The patient has from the continuance of the disease got into a general state of bad health. There is general lassitude and weakness, with loss of energy, feeling of unfitness for exertion and work of any kind, and after any work or exertion, a state of unusual and abnormal tiredness. With this there is more or less mental depression, which is simply the result of the physical weakness. There are occasional headaches, which seem to me the result of a part of the disordered state of the digestive organs. The digestive organs show also this condition of depression. There is generally no gastric irritation, in the proper sense of the word, but a want of appetite, associated with a tongue which may be quite clean, or slightly coated towards the back; a bad taste in the mouth in the morning: and after food a feeling of fullness or distension, often actual pain, and a tendency to be squeamish. Hahnemann mentions both a state of constipation and of diarrhœa as present. My experience is that constipation is the prevailing state, often to such a degree as to induce the patient to take purgative medicine for its relief. There is generally considerable loss of flesh, unrefreshing sleep at night, feeling of feverishness at night, with hot skin and thirst, and often night sweats. In women leucorrhœa may be present. Then there is generally cough in several different forms. These I would divide into two principal kinds, the non-phthisical cough, and the phthisical. In the former class of cases, on examination of the chest, we find little abnormal. No dullness on percussion, no tubular breathing, nor increased vocal resonance, nor even bronchitic sounds; perhaps feebleness of breathing, and sometimes not even that. The form of the cough in these cases is one coming on chiefly during the day, though it also may cause some trouble on first lying down

in bed. The cough is sometimes nearly dry, what expectoration there is being mucous and rather difficult to bring up; at other times there may be a considerable amount of sputum; the cough may be a short cough, or may take the form of "fits" of coughing, in which case it may sometimes cause retching, as in whooping cough. There is frequently, but always in such cases, more or less uneasiness in the chest, soreness at the bottom of the sternum, or localised pains in either side of a sharp or dull character. Another very common variety of cough is that where it occurs almost entirely in the morning, on first waking, or on getting up out of bed. There is then a good deal of coughing, with a considerable quantity of mucous expectoration, after which during the day there is nothing more than an occasional cough till the time of going to bed, when for a time an increase of the coughing occurs. In these cases there is little or no chest pain, and less disturbance of the general health than in the former cases. A variety of the latter class of cases is, when along with the morning cough, there is a considerable amount of shortness of breath, which also passes off after the morning expectoration is brought up, or after a nervine stimulant, such as a cup of tea. Another class of cases in which *Nitric acid* is frequently of service is in cases of emphysema. In such cases, with the usual physical signs of emphysema, we have shortness of breathing on any exertion, and especially on going up a stair, considerable paroxysms of coughing, with dyspnoea early in the morning, and also a considerable amount of mucous or muco-purulent expectoration. *Arsenic* and *Ipecacuanha* are here of great value, the latter where the emphysema is accompanied by a chronic form of bronchitis, as shown by the presence of dry râles in the apices and moist râles at the bases of the lungs, and the former where there is not this accompaniment. But in both these forms of the complaint, we often find the patient presents a state of general dishealth, such as I described as the typical *Nitric acid* state. Here we find that the *Acid* does as much good or more than *Arsenic*, in not only improving the general health, but in a very decided manner improving the condition of the chest symptoms.

There is one other set of non-phthisical cases, which are probably the ones alluded to by those few writers who have mentioned the use of *Nitric acid* in cough. Dr. Hughes, for example, in his article on *Nitric acid* in his *Pharmaco-Dynamics*, says, "In the respiratory tract it controls the nasal

and laryngeal mucous membranes, being curative of dry and violent laryngeal coughs." Dr. Bayes again, in his work on *Specific Restorative Medicine*, describes a cough, which is unmistakably laryngeal. He says (p. 124), "Another affection in which *Nitric acid third* has proved very serviceable is in a chronic laryngeal cough, without expectoration, which is characterized by a stinging or smarting sensation, as if a small ulcer were there, and is generally felt on one side. The third dilution of the medicine often speedily arrests and cures this cough." Of course the local pain shows that such a cough is laryngeal. But the cases to which I now allude are not so clearly laryngeal. I have had several such where a teasing short dry cough occurs, and lasts for a long time. Two such cases I shall give afterwards where this form of cough lasted for weeks, until *Nitric acid* was prescribed, under the use of which it rapidly vanished. In these cases there was no pain in the chest, nothing whatever abnormal to be discovered on examination of the chest, and no disorder of the general health. There were also no symptoms referrible to the larynx, no hoarseness, soreness on coughing, or tenderness on pressure, nothing in fact but the long standing short dry cough, which continued all day, was very troublesome on first lying down at night, keeping the patient awake for some time, but either not coming on at all after sleep once supervened, or so slightly as never to waken the patient. What makes me hesitate in calling this a laryngeal cough, is not only the absence of all laryngeal symptoms proper, but the entire failure of all medicines usually successful in laryngeal disorders. I myself think they were not laryngeal, but were simply a manifestation of a susceptible condition of the bronchial mucous membrane, as in the two cases referred to, the same cough returned every winter for two or three years, and in a slighter form, if there was any sudden change to cold weather.

I think that most physicians now admit the truth of Niemeyer's views, that there are two forms of phthisis, tubercular and non-tubercular. In cases that are unmistakably those of acute tuberculosis, no treatment that I am aware of does any good. They go on their fatal progress steadily in spite of homœopathic or any other remedies. But it is very different with cases which have begun primarily as pneumonia, the lymph in which has degenerated into the yellow cheesy deposit so frequently found at post-mortem examinations. When

these cases show active disease going on, as evidenced by rapid pulse and high temperature, *Nitric acid* is not indicated. But when we have subdued the acute stage by other treatment, and the patient has a nearly normal pulse, and a normal temperature, but when on examination the physical signs of phthisis are present, with a state of general weakness, loss of flesh, nocturnal perspirations, bad appetite, and sluggish bowels, with a troublesome cough and a good deal of mucopurulent expectoration, both cough and expectoration being worst in the morning and on lying down at night, then *Nitric acid* comes in with gratifying results. The general health improves, a renewed feeling of strength is felt, more relish for food, and ability to take more of it follows, the bowels become regular, and both cough and expectoration are wonderfully lessened, till they are reduced to a minimum. I feel sure that any one who uses *Nitric acid* in such cases will agree with me in considering it a very valuable addition to our *armamentarium*.

In conclusion, as I stated at the commencement of this paper, I shall say a few words upon the value of *Nitric acid* in constipation, my apology for so doing being that it comes in naturally as a comment upon the cases I am going to relate. I was not previously aware of this feature in the therapeutics of *Nitric acid*, and so far as I am aware, it has never been noticed in any of our Journals.

Hahnemann in fact at the very commencement of his article on *Nitric acid* in the *Chronic Diseases*, says, "It is, moreover, more suitable to those chronic patients who are disposed to looseness; it is very seldom useful to those who suffer with constipation;" and yet in spite of this statement we find under the head of "Stool" the following symptoms:

"Constipation, painless constipation for several days. Every other day hard stool covered with mucus, during the first days, afterwards every day; costiveness; the abdomen became distended, but the flatulence did not pass. Hard, scanty stool. The stool passes off in hard lumps. Stool resembling sheep's dung, with much pressing, and accompanied with mucus. Pressure upon the rectum, as if stool would come on, with scanty discharge. Long pressing when going to stool; the stool would not come off, and nevertheless it was not hard. Constant desire for stool, unsuccessful."

One wonders, after being aware of these symptoms, that Hahnemann should have made the statement I have quoted.

I gave constipation as one of the frequent symptoms present in what I called a typical *Nitric acid* case, and almost invariably, along with the improvement in the other symptoms, the bowels became regular and easy. So marked was this result, that I have several times prescribed the acid as a remedy for constipation, independently of any other state, and I have found it successful, after the failure of the other usual remedies.

I have no hesitation in placing it in the foremost rank in our medicines for constipation, and I am sure that any who follow my recommendation, and try it, will be well satisfied with the results.

Finally, as to the dose, I have always given two or three drops of the 1x dilution. Possibly a less dose might be successful, but I have found such gratifying results both in this and in the cough cases, that I feel inclined to keep to my present dose. If others who try the medicine in the cases I have described, find higher dilutions equally satisfactory, I should feel obliged by their recording the facts; but on the other hand, if higher dilutions do not produce the expected results, I ask in fairness to me, to the medicine, and to themselves, that they make use of the 1x dilution, in two or three drop doses, three times a day.

Discussion.

DR. MOORE enquired whether Dr. Dyce Brown examined the uvula in these cases?

DR. HAYWARD thought that when they trusted, in daily practice, to some of the symptoms of the drug, they got into difficulties. The dose given by Dr. Brown precluded any doubt as to the medicine being given to treat the disease, whether or not the first medicine was given to produce the symptoms. The results as given by Dr. Brown were very gratifying; but in order to form a clear idea of the benefits resulting from the use of *Nitric acid* in cases of constipation, they must first know its action upon the liver. He hoped Dr. Brown would be able to give them some trustworthy symptoms on this point.

It was urged that the medicine should be proved, which Dr. Brown and Dr. Pearce undertook to do before the next meeting of congress.

DR. WATSON, referring to the subject of constipation, upon which Dr. Brown's paper had offered some suggestions, said

that he was indebted to a patient for a remedy which had proved a great auxiliary in treating patients who suffered in that way. It was the use of a little linseed—a teaspoonful left to stand in a little boiling water twelve hours, and then taken after meals. He could testify to a great change in the tone of public feeling towards Hahnemann and his followers in Scotland, and particularly in Edinburgh, his place of residence. Except in two cases, he had found no difficulty in obtaining consultations with allopathic doctors, from whom he could readily obtain aid in diagnosis or prognosis, though not in treatment. He felt this to be an illustration of the President's statement that the boundary line between homœopathy and allopathy was broken down, and that in private practice the secrets of homœopathy were largely used. A large number of young men in the medical schools were imbibing their principles and would no doubt openly adopt them.

DR. REED had had experience of *Nitric acid* as an allopath, and had found it very valuable in coughs, constipation, and in all cases of broken constitution from abuse of *Mercury*, and that it could be used with much greater precision homœopathically.

The PRESIDENT remarked that some time ago attention was called to the action of *Nitric acid* in whooping cough; Dr. Bodey, of Aix-la-chapelle, having noticed small ulcers in connection with whooping cough, had found *Nitric acid* most successful.

DR. DYCE BROWN stated, in reply to the discussion, that he had examined the uvula in the cases referred to and had found nothing there. In other cases it was evident that the cough came from the chest. The only cases in which he thought it possible for the uvula to have been affected were those which he had not had time to read. As to the liver, he could not say that it was the cause of the constipation, or that the action of *Nitric acid* was through the liver. *Nitric acid* had failed in each of the two cases of whooping cough in which he had used it.

PUBLICATIONS RECEIVED.

CONSTIPATION, HYPOCHONDRIASIS AND HYSTERIA; THEIR MODERN TREATMENT. By *Richard Epps, M.D., M.R.C.S.*, WITH NUMEROUS CASES. SECOND EDITION, ENLARGED. *London*: James Epps & Co., 1874, 12mo., pp. 124.

This little book does not profess to be a complete manual of either of the three forms of disease included in its title. It is, in these

respects, a statement of the particular views and personal experience of a very able and successful physician and surgeon, and consists in good part of cases of great interest and importance, which have come under his care. The difficulties to be overcome in treating these cases, many of which are aggravated by the long continued use and abuse of purgatives, while others are badly complicated in various ways—are so well explained, and their mode of treatment so plainly set forth, as to render this brochure invaluable to the young physician. Here, too, may be found many useful hints of the surgical treatment necessary to, and successfully employed in, certain urethral and prostatic affections, such as are very often seen in constipated and hypochondriacal patients.

On page 109, we notice an interesting case of *sympathetic nervous affection of the throat*, in a man who "had been treated by one of the most eminent laryngoscopists of the day, with caustics, sprays, and pine-vapor inhalations; but who had neither throat nor laryngeal disease." His trouble, an occasional choking feeling in the throat, was altogether sympathetic with local irritation elsewhere, and due to an accumulation of smegma under the prepuce, which latter was in a state of congenital phimosis.

AN INTRODUCTION TO PHYSICAL MEASUREMENTS, WITH APPENDICES ON ABSOLUTE ELECTRICAL MEASUREMENTS, ETC. By *Dr. F. Kohlrausch*, Professor-in-Ordinary at the Grand Ducal Polytechnic School at Darmstadt, and formerly Professor of Physics at the University of Göttingen. Translated from the Second German Edition, by *T. H. Waller, B.A., B.Sc., and H. K. Proctor, F.C.S.* New York: D. Appleton & Co., 549 and 551 Broadway, 1874. Octavo, pp. 249.

The wonderful advance in natural science which the moderns have made over the ancients is due to the far more accurate observation of physical phenomena, and not to any superior intellectual power on the part of the former as compared with the latter. For want of such correct and exhaustive accumulation of facts and phenomena, the physics of the greatest minds of the Old World—Plato and Aristotle in particular—very quickly merged into metaphysics. Bacon, in his *Noram Organon*, gave ample evidence that he at the same time perceived the difficulty, and understood its only remedy: "It would be an unsound fancy, and self-contradictory, to expect that things which have never yet been done, can be done except by means which have never yet been tried."

It was one of the leading merits of Häug, the founder of the modern school of Crystallography, that he showed more clearly than his predecessors had done, that the crystalline angles of substances are a criterion of the substances themselves. But his own measurements were found so very inaccurate that succeeding crystallographers could place no confidence in them. Wollaston, by the invention of his reflecting Goniometer, placed an entirely new degree of accuracy within reach of mineralogists: "the angle of two faces being in this instrument, measured by means of the reflected images of bright objects seen in them, so that the measure is the more accurate the more minute the faces are." We mention this as a remarkable and easily understood illustration of the advance made in science by such scientific accuracy of measurement.

This *measurement* extends from the largest to the smallest bodies; renders possible the determination of the velocity of the wind; of the wave-length of a ray of light; of absolute weighing of a body;

of density or specific gravity; of the exact mode of calibrating thermometrical tubes; of the spectrum analysis; of magnetic inclination, magnetic (galvanic) and electromotive force, and of very many other subjects too numerous to be mentioned here, but equally essential to present advance and future progress in all the exact or natural sciences. From what has been said, it will be evident that this work, but a portion of the subject-contents of which we have alluded to, will be an indispensable companion to every one engaged in scientific research, since it contains in a single beautifully printed volume, information for which otherwise he might be obliged to ransack whole libraries.

THE PUERPERAL DISEASES. CLINICAL LECTURES DELIVERED AT BELLEVUE HOSPITAL. By *Fordyce Barker, M.D.*, Clinical Professor of Midwifery and the Diseases of Women in the Bellevue Medical Hospital, etc., etc. *New York*: D. Appleton & Co., 1874. Royal octavo, pp. 526.

This volume resembles that of Professor Ludlam, reviewed last year, in that it is made up of lectures given before a medical class in a hospital clinic and illustrated by cases actually presented. In another respect, however, this new work of Professor Barker differs from Dr. Ludlam's, and, indeed, from all other publications on female diseases which have come under our notice; it is restricted to those diseases which are incident to the puerperal state—a state which every physician but too well knows to be liable to the most sudden, the most serious, and, if not promptly treated, the most fatal disorders. Beautifully printed with generous type, on paper so fine and smooth and delicately tinted that the reader seems to have a work of art in his hands, this volume comprises twenty lectures, written in a plain and natural style, with no attempts at pictorial flourish, but full of substantial matter. To the private practitioner, to one whose daily life for a term of years has been spent in service outside the great hospitals, it seems like travelling in a foreign country to read the detail of fearful cases and disorders successively increasing in gravity which gives this work an almost tragic interest. But it contains so much that is old, now more plainly stated in accordance with the latest scientific developments, so much that is unusual, so complete a report of the most recent literature on numerous medical themes of the very highest importance, and so much, finally, that is entirely new to many physicians whose necessary devotion to general practice has rendered it impossible for them to keep themselves fully posted in all the recent advances in the pathology of female diseases, that we propose to set before our readers a detailed statement of the subject of each lecture, adding such reflections and critical remarks as may occur to us while making the very cursory examination of the work which alone is possible to us.

Lecture I. "Puerperal Convalescence" would seem a very harmless title, but this chapter includes some very serious affections. Among these, "Retention of urine after delivery," is one of the most troublesome, and the author shows from his own experience, and from the fatality from this cause observed in the practice of another, that it does not always do to take the word of the nurse, or even of the patient herself, that "there was no difficulty in that respect." And in this connection he instances the sad case of a lady, supposed by her attending physician to have died of peritonitis, but from whose bladder, in the *post mortem* examination, to which he was invited, he

drew nearly a gallon of urine. "After Pains," "The Lochia," and "Secondary Hemorrhage," are the other themes considered in this lecture. In the latter difficulty, the author advises, after the removal of all clots from the uterus, and the introduction of ice into the vagina, to "inject, very carefully, and without force, into the uterine cavity, a half-ounce of the solution of the persulphate of iron diluted with an equal quantity of water." This is the same treatment noted in our review of Professor Ludlam's Lectures, as practiced by a Philadelphia physician years ago.

Lecture II. "Diet of Puerperal Women" discusses also "Laxatives" and "Hemorrhoids." In regard to the former, the learned author seems not to be aware that they are always unnecessary in the first few days after delivery, and that they are often positively injurious. Even in the cases of convulsions cited by himself, from his own hospital practice, it seems as if the convulsions followed very promptly after the purgation. In the treatment of hemorrhoids, *aloes* is found by Dr. Barker to be the specific remedy. We hope none of his allopathic *confrères* will read this notice; but we cannot refrain from remarking, that when our author, after stating that he "mainly relies" on *aloes* to cure hemorrhoids, says, p. 33, "from my own observation, I am convinced that *aloes* will, under certain conditions of the system, and in certain doses, develop piles," he seems to us to be "not far off from the kingdom" of the Homœopathic heaven.

Lecture III. "Lacerations of the Perineum," the causes and best methods of preventing, are pointed out;—among the latter the author enumerates anæsthetic agents as important means of great value.

Lecture IV. "Thrombus of the Vulva and Vagina." Dr. B. directs, "when the thrombal tumor has attained such a size as to offer a mechanical obstacle to delivery, to incise it at once, remove all the clots that have been formed, and then deliver with the forceps." The subsequent flow of blood from the wound he arrests by filling it with compresses of cotton-batting saturated with the solution of the persulphate of iron.

Lecture V. "Puerperal Albuminuria." Of this the author very justly remarks, that albumen in the urine is not the disease, but one of the symptoms only whose aggregation constitutes the disease; and he regards persistent headache in the latter months of gestation as very significant of this condition. The means for treating this disorder in the puerperal state which homœopaths possess, are so superior and effectual, that it is believed that seldom or never does a case arise in their practice in which it would be necessary to follow our author's final advice, "to induce premature labor," in order to save the mother's life.

Lectures VI. and VII. "Puerperal Convulsions." So frequently have these convulsions been found associated with albuminuria, that the latter condition has very generally come to be regarded as the cause of the former; but our author shows that these convulsions come in some cases where albumen appears in the urine before, and that in other cases the albumen only makes its appearance after the convulsions have developed themselves; and he concludes that even at the present day science has not settled the question of the origin of puerperal convulsions. When the attack comes before labor he advises to bleed at once, then to give a brisk purgative. This last means, we believe, will usually be followed by another attack. To

arrest and prevent the convulsions, he administers chloroform by inhalation.

Lecture VIII. "Lactation." On this theme, we will but remark that "Pond's Extract," of Hamamelis will be found equally efficacious with the author's solution of ten to twenty grains of nitrate of lead in an ounce of glycerine, for sore nipples; and with this great advantage also, that it is neither poisonous like the lead nor requires to be washed off before nursing.

Lecture IX. "Mastitis and Mammary Abscess." Dr. Barker notes three situations for inflammation of the breast: In the subcutaneous areolar tissue, in the gland itself, and in areolar tissue between the gland and the thoracic walls. The homoeopathic remedies for this painful affection are so well known (including *phytolacca decandra*), that we make here but a single remark on its prophylaxis. There are some patients who are known to be predisposed to mastitis, others (from similar scrofulous constitutions) may be as strongly suspected of a like tendency. Both classes should be made to follow the strictest advice about exposure to cold, and directed to inform their physician the very moment they perceive any tenderness, pain or other abnormal symptoms in these organs.

Lecture X. "Puerperal Mania." A very able and instructive chapter. The author prefers the sulphate of bebeerine to quinine, as a nerve tonic, from its having less tendency to induce cerebral congestion; and in the insomnia of puerperal mania, he regards chloral hydrate as by far the best agent known for inducing sleep.

Lecture XI. "Relaxation of the Pelvic Symphises." The Doctor says: "All authors are agreed in discarding constitutional diseases, such as cachexia or scrofulous dyscrasia, as a cause of this malady." The treatment is comprised in two words, quiet and compression.

Lecture XII. "Phlegmasia Dolens." This affection the author justly regards as distinct from the phlebitis of the crural vein and its branches with which it has usually been confounded (Raue, *e. g.*, terms it "a metastatic inflammation of one or several large veins of the thigh." *Pathology*, p. 420). Dr. Barker also cites some cases of crural phlebitis without phlegmasia dolens. In the latter affection he advises rest, the elevation of the limb, gentle friction with a stimulating emollient and anodyne liniment in the earlier stage, and the evacuation of pus (if any is discernable) and bandaging with a flannel roller, when the period of acute tension is passed.

Lecture XIII. "Puerperal Thrombosis and Embolism." The former of these the author defines as "the arrest of circulation by coagulation in any of the vessels, whether it be the arteries, veins, or lymphatics;" the latter, "if a fragment of a clot in a vein become detached, and be carried by the circulation up to the heart, and thence to a branch of the pulmonary artery which is too small to permit it to pass on, this stops the current of blood and constitutes embolism of that artery." The symptoms of Thrombosis of the pulmonary arteries (the most frequent location of this affection), believed by Virchow to be nearly always due to embolism, are those of asphyxia, and in some cases the patients have been saved, according to Dr. B., by the free use of opiates and alcoholic drinks, the former being regarded as valuable in restoring the vital powers. He thinks that if by these means the patient can be "bridged over the danger of the first attack," the physician will have much to encourage him to continue his efforts.

Lecture XIV. "Puerperal Phlebitis." The author describes three

forms: "adhesive phlebitis," where in connection with the evidence of inflammation of the coats of the veins, the circulation is found to be obstructed by fibrinous clots; circumscribed suppurative phlebitis, in which the veins are found to contain pus, or a puriform liquid between the clot and the vein, or sometimes real cysts, with a clot above and below in the vein, and "diffuse suppurative phlebitis," which is not very rare. Marasmus and even phthisis sometimes assail those who recover apparently from the immediate consequences of phlebitis, while bronchitis and pneumonia are now well recognized secondary results of this affection. Dr. Barker relies principally upon *Veratrum viride* and brandy in its treatment, and finds that under the combined influence of the two the pulse may be kept down to 80, which could not be done with either alone.

Lecture XV. "Puerperal Metritis," includes both inflammation of the mucous membrane, or endometritis, and inflammation of the muscular walls, or parenchymatous metritis. The author regards vaginal injections as absolutely essential throughout the whole treatment, and uses now, *R. Acid. carbol. glacialis, Glycerin. aa. ʒj., Aqua puræ, ʒviij.*, a tablespoonful in a tumblerful of warm water, for an injection—operates during the whole course of the disease to relieve pain or secure sleep, and quinine and alcohol (in addition to the injections) during the suppurative and putrescent stages.

Lecture XVI. "Puerperal Peritonitis." This subject is very fully discussed. One of its most remarkable causes (in hospital practice) appears to be patients wilfully getting out of bed and going with bare feet on the cold floor to the water-closet. The author regards Opium, in some form, as the most important of all agents in controlling and arresting this disease; with this he employs *Verat. vir.* (instead of the venesection formerly deemed indispensable, by Dr. Meigs' latest and most emphatically) and the Carbolic acid injections. The most remarkable circumstance which we note in this connection is the extraordinary toleration of the system which the author claims for enormous quantities of Opium, this tolerance diminishing as the disease recedes.

Lecture XVII. "Pelvic Peritonitis and Pelvic Cellulitis." These two, comparatively newly described and often associated forms of puerperal disease, are fully explained. Pelvic peritonitis the author defines as "inflammation of the serous covering of the uterus or of its appendages;" by pelvic cellulitis is meant inflammation of the cellular or connective tissue around the uterus, the ovaries and broad ligaments. He concludes thus: "It is impossible to have a differential diagnosis of the symptoms, as in the early stages they are nearly identical in the two diseases."

Lecture XVIII. "Puerperal Septicæmia and Pyæmia." The pathological history of these forms of malignant disease is sufficiently full, but in the therapeutics we are surprised to find so enlightened a physician as Dr. Barker still relying upon the altogether insufficient virtues of quinine and iron. *Verat. vir.* he indeed discards, and we are surprised that he does not take a hint from his own successful topical application of Carbolic acid in putrescent stages of metritis, and boldly give this invaluable *antiseptic* internally.

Lecture XIX. "Puerperal Fever." In the ninety-five pages (including appendix and concluding the volume) which Dr. Barker devotes to this most important subject, will be found a concise statement of the various theories, doctrines and opinions concerning it, as well as its symptoms, anatomical lesions, progress and treatment.

In this latter, the author seems far less full and self-confident than in some of the other equally dangerous disorders considered in this work. He usually begins the treatment of puerperal fever "by giving five drops of the tincture of *Verat. vir.* every hour," and he presents a severe case minutely detailed, in which this was the only medicine used, and successfully. But he adds, that "it is as necessary to know when not to use the *Verat. vir.*, as to know when to prescribe it. It should not be given in those cases in which rapid prostration is manifested by a feeble thread-like, irregular pulse, profuse sweats, and cold extremities." But it is not necessary to note other particulars of the author's treatment, which does not vary essentially from the principles already indicated in other forms of puerperal inflammations.

A PRACTICAL TREATISE ON THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. Designed as a Manual for Students and Practitioners; with engravings and cases. By *W. H. Van Buren, A.M., M.D.*, and *E. L. Keyes, A.M., M.D.* New York: D. Appleton & Co., 1874. Royal octavo, pp. 672.

This ample and finely-printed volume, illustrated by one hundred and thirty-four engravings on wood and fifty-five cases, forms a pretty complete cyclopedia of diseases of the genito-urinary organs, including syphilis, which latter involves the entire system. The first part—twenty-eight chapters and 475 pages—is taken up with the various diseases of the genito-urinary system. The second part—thirteen chapters—treats of chancroid and syphilis. But so great is the variety of themes considered in this work, that it would be impossible to mention them all in the present notice. It must suffice to call attention to some few of its most prominent features, and to point out a portion of its excellencies.

One especial merit of this work has already been intimated: That it comprehends in a single volume a detailed account of all the disorders which belong to its general subject, and there records treatment in accordance with the present state of (medical and) surgical science in this country, in Great Britain and on the Continent. In the language of the preface, "The literature of this department of surgery has been exhaustively studied with the purpose of reproducing every fact of practical value." "The plan of the work is based upon an anatomical classification of the tissues and organs of which the diseases and deformities form the subjects of description." "Its object is to present to the student and general practitioner a succinct account of the nature and treatment of the diseases incident to the genito-urinary organs, as they are encountered in private and hospital practice, by those engaged in their daily and special study."

Catheterism,—the introduction of a sound, staff or catheter into the bladder—is fully explained by the aid of several engravings. To some physicians this may seem too simple and easy a process to require so much illustration. But in many cases there are difficulties in the way of passing the catheter, not only those arising from actual disease of the urethra or prostate of which full mention is made in this work, but from other causes and requiring other remedies, as illustrated in the following case: A friend of ours, in the first year of his settlement in practice, was summoned to visit an elderly gentleman who was suffering intensely with "kidney colic," or from the attempted passage of a calculus from the kidney

to the bladder. Many hours had already elapsed, the pain still continued in paroxysms, but the bladder had become full, and there was a sympathetic spasmodic retention of urine. The first attempt to pass the catheter proved a failure. Repeated and persevering trials were equally fruitless. The suffering was extreme, the case urgent, the danger great. Finally the young homœopath, in default of any counsel of his own school, called on an allopathic physician with whom he had some slight acquaintance, and solicited his assistance in "a surgical case," in fact to "perform a surgical operation." The allopath scoffed at the idea of calling so simple a thing as passing the catheter a surgical operation, and in the same breath expressed his willingness to do the little job—calculating, no doubt, to make no end of talk about it afterwards, to his own great glory and the disparagement of the homœopathic ignoramus who could not pass a catheter, and who termed that "a surgical operation" which we now call catheterism! But the race is neither always to the swift nor the battle always to the strong. The allopathic physician, after trying to his heart's content and in no small degree augmenting the old man's agony—drawing tears of blood from his penis—gave up the vain attempt, and left the patient to the sole care of his homœopathic attendant. The latter presently administered a tolerably powerful emetic of infusion of *Lobelia inflata* leaves. The resulting emesis relaxed the spasm, the catheter was inserted into the bladder without difficulty, a large quantity of urine drawn off, the patient passed a comfortable night (the remainder of the night, for it was then past midnight), and the next day discharged into the vessel a calculus smooth, reddish, of the shape and nearly the size of a small kidney bean, which the physician carefully preserved for many years after. Neither this cause—sympathetic spasm—nor this means of overcoming retention of urine are mentioned in this work, nor has the writer or his friend seen a similar case from that time to the present.

Gonorrhœal rheumatism has its literary history fully stated here, and the most common of its varieties correctly described. But there is one form which is more rare, and at the same time no less important, than either of the other varieties mentioned, to which the learned authors make no allusion: we mean *gonorrhœal lumbago*. In this form the gonorrhœal rheumatism, leaving undisturbed all the joints, settles in the lumbar region, sometimes involving the sacral spine, always implicating the kidneys and not always leaving the bladder undisturbed. If such a case becomes complicated with enlarged prostate, stricture and consequent strangury and constipation, the patient's situation is pitiful enough.

The aspirator—a valuable instrument recently brought prominently into notice by Dieulafoy, of Paris—is here portrayed, and its use in a bad case of retention of urine clearly described. "The case was one of retention from enlarged prostate, where catheterism proved impossible. Dr. Dox punctured the bladder above the pubis, without any previous incision of the skin, with an ordinary trocar, one line in diameter, and evacuated two quarts of urine, after which the canula was immediately withdrawn. This operation was repeated six times in eight days, without any precautions, and was followed by no ill effects." The point of election in puncture of a distended bladder is through the *linea alba*, about half an inch above the symphysis pubis (pp. 132 and 133). The precautionary use of this instrument would have avoided for a quandom surgical

professor the serious danger of destroying a patient and the actual injury to his own reputation and professional standing which befell him, from attempting to operate for hydrocele where a chronic orchitis was the only disease present. The kindly interference of a student alone withheld the knife just about to be plunged in.

Stricture of the urethra—to which four chapters and about eight pages are devoted—is very thoroughly discussed, and the various modes and instruments for overcoming this difficulty are pictured and described at length. Diseases of the prostate and bladder, coming next in order, are equally well considered. “Chorea of the bladder” is the rather odd name given to incontinence of urine, rare and occurring only in children, in persons affected with some other choreic symptoms. We give a brief abstract of one of the author’s cases: “A weakly, rheumatic boy, aged six years, wets his pantaloons while at play; sometimes soils the bed at night, but not invariably; when he wets his clothes he declares ‘he cannot help it;’ he was called in at stated intervals from his play for the purpose of emptying his bladder, but the involuntary spasmodic escape of urine still occurred occasionally, in spite of the fact that the bladder was not allowed to fill up. He had no other choreic symptoms, except in the muscles of his right eye; ordinarily his eyes were straight, but when tired, or excited, or angry, or frightened, his right eye would be drawn outward, the axis of the other being straight. This strabismus would come and go rapidly, varying according to the voluntary movements of the eye. In this case there was evidently a spasmodic contraction of the detrusor urinæ, of the chronic sort, over which the patient had no control” (p. 230). This difficulty, which neither Belladonna nor any other means employed by the authors sufficed to remove, would have found in *Cimicifuga* an efficient remedy.

In the section on diseases of the kidney, neither Bright’s nor Addison’s disease is included—only surgical diseases being here dealt with. Ablation of the kidney, a very unusual operation, is mentioned as one in which out of several cases only one, Simons, of Heidelberg, had a favorable issue. In some of our homeopathic medical journals we remember having seen, not long since, an account of the successful removal of a kidney which had been deeply laid open by a knife-stab in the lumbar region. This patient made a complete recovery, and gradually accustomed his system to get along as well with one kidney as formerly with two. An engraving (p. 378) gives an excellent representation of a child with advanced cancer of the kidney; the enormous abdominal tumor involves the whole body from above the waist, and is pendulous almost to the knees. This very rare disease in children runs a rapid course, reaching its fatal termination within a year.

One of the noticeable excellent features of this work consists in the diagnostic tables in which different and yet similar diseases are contrasted, such as those for “Hydrocele and Incarcerated Hernia,” “Orchitis and Epididymitis,” “Tubercular Testis, Syphilitic Testis, Cancer and Sarcoma,” and “Syphilitic Chancre, Chancroid, Herpes and Ulcerated Abrasion.”

But our limits will allow us to notice but one or two more of the numerous themes so ably treated in this complete volume. *Chancroid*, with which many physicians are scarcely acquainted by name, is a form of contagious venereal ulcer which is not accompanied by any constitutional syphilitic affection; it is, in other words, a specific malady, consisting in a peculiar ulcer which secretes a virulent,

auto-inoculable pus; it is perpetuated only by contagion, but for which sexual intercourse is not essential. The rise and progress of a chancreoid ulcer after inoculation with the pus is thus described (p. 484): "Within twenty-four hours after such inoculation, a reddish blush will envelope the puncture; on the second day the little speck of dried blood is surrounded by a faint, inflamed areola. Occasionally there is already commencing pustulation on the second day, usually on the third, sometimes later. The red areola enlarges and surrounds a vesico-pustule. Break this, and beneath will invariably be found an ulcer—a perfect, full-formed chancreoid in miniature. If left alone, the vesico-pustule becomes an ethymatous pustule, which usually breaks in a few days after it has reached the size of a split pea. The circular ulcer which results, continuing circular, enlarges and deepens. It usually becomes stationary before it reaches the size of a half-dime, but may become as large as a silver quarter of a dollar, or occasionally far exceed it. This ulcer is a true chancreoid, resembling in every minute particular the ulcer from which it sprang by inoculation, and tending toward a similar course." After thus reaching its full size, it may remain stationary for a period; "finally repair is commenced by a more creamy, laudable condition of the pus, a sloping of the abrupt edges, and a clearing of the cavity of the ulcer, which becomes rosy, granular and gradually cicatrices from the edges toward the centre. During the whole period of its existence, the chancreoid furnishes auto-inoculable pus. The scar left by chancreoid varies with the depth of the ulcer; it may be so faint as shortly to disappear, leaving no trace; or, again, it may remain indelible as a seamed and punctured unsightly scar, of a size proportioned to the previous ulceration." The virus of the chancreoid ulcer is believed to be entirely distinct from that of true syphilis. The treatment recommended for chancreoid consists in the entire destruction of the ulcerated surface by an efficient escharotic, of which three principal forms are mentioned, Nitric acid, Sulphuric acid and the red-hot iron—the latter being indicated as the least painful of all; Nitric acid, however, is the best.

Some remarks on the syphilitic portion of this book we had in mind, but space forbids our enlarging. More surgical than medical professedly, this work may not be calculated to supersede others which are devoted rather to the medical treatment of those diseases of the genito-urinary system which are generally termed surgical. But it takes a high place of its own, and will be found very valuable even to those who possess already other works on the same class of disorders. Partly as a means of fortifying our opinion of the ability of the authors, we have perused with particular care their discussion of the difficult and important themes relative to vesical calculi, and we have been especially charmed by the good sense, sound judgment and in all respects very able manner with which lithotrity and lithotomy are considered. But not even the most superficial notice of this elaborate work should fail to call attention to the chapter entitled "Syphilis of the Eye," furnished to the authors by Prof. H. D. Noyes, M.D., at their request, and conveying the results of his own personal experience. Here, as in other chapters, is embodied much original matter of the greatest interest. We conclude our hurried review by stating that, in our opinion, no other volume in the English language can be found to contain so full, so thorough and so accurate an account of all the surgical diseases of the genito-urinary system including syphilis; while no other, of which we have

any knowledge, can be compared with this for clear and concise explanation and illustration of the most recent and approved methods and means for their surgical treatment.

The above Appleton publications are on sale by the publishers, by Claxton, Remsen & Haffelfinger, Philadelphia, or may be ordered through Boericke & Tafel.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The transactions of the Eighth and Ninth Annual Sessions of this Society have just been issued in a neat volume of 332 pages, octavo. Members will receive copies upon payment of their annual dues to the Treasurer, Dr. R. J. McClatchey, No. 918 N. Tenth Street, Philadelphia.

The Tenth Annual Session will be held in Philadelphia, on Wednesday and Thursday, October 7th and 8th, 1874. Valuable and interesting papers are already promised, and a profitable session is expected. It is hoped that members will make it a matter of duty as well as of interest to be present. Those having papers to present are requested to inform the undersigned of their titles, not later than the 15th of August, for insertion in the circular.

PEMBERTON DUDLEY, *Cor. Sec.*

684 N. 12th Street, Philadelphia.

EDITORIAL NOTES.

THE MIDDLETOWN ASYLUM FOR THE INSANE.—Thursday, June 18th, 1874, should be regarded as a red-letter day by the homœopathic practitioners of America. On that day the first public institution for the treatment of the insane according to homœopathic principles and practice was inaugurated, with appropriate ceremonies, at Middletown, N. Y. The annual meeting of the board of trustees was held at which the following officers were elected for the year: *President*, Fletcher Harper, Jr., of New York; *Vice President*, Grinnell Burt, of Warwick; *Treasurer*, Peter S. Hoe, of New York; *Secretary*, M. D. Stivers, of Middletown. After the session of the board had closed, a Dedicatory Address was delivered by Hon. A. B. Conger, which we regret not having space to reproduce entire. The address was followed by a collation prepared by the cooks of the asylum, and which gave evidence of great proficiency on the part of these employees. The institution in all its parts was then shown to the large number of physicians present and a few other guests. The whole affair was very creditable to those having it in charge, and certainly shows that Dr. Stiles, the Superintendent, is the

right man for the position he fills. From a letter from the Superintendent to the *Medical Union*, of New York, we make the following extracts :

We have now fifteen patients, having lost one by death, and discharged one cured. Thus far we have every reason to feel entirely satisfied with the results of homœopathic treatment for mental diseases, and feel pretty sure of being able to present to the next session of the American Institute from the "case-book" kept by our indefatigable assistant physician, Dr. Wm. Morris Butler, some recorded *facts* which will satisfy any "doubting Thomases" in the profession, if such there be. The work of organization of every department of such a service (both indoor and out) has been immense, and its detail, as well as the vigilance required to keep the machinery in smoothly-running order, is exhaustive. We have also, as you know, serious difficulties besetting us, arising from the deranged condition of the State's finances. Still, we are cheered by many tokens of interest. * * * * * All we want is the practical "backing" of the homœopathic profession. They must remember that we represent *them* ; that we are on trial as to our faith and practice, and that in *us* *they* are on trial ; that from the nature of our institutions we are placed in the very fore-front of the battle ; that the eyes of the allopathic profession (as well as of our own) are upon us—some inimically, some curiously, some again with sincere and courteous interest in our solution of the problems of treatment of mental disease. Admitted by the liberality of the State to an equal footing with allopathists and their institutions, we cannot, nor do we intend to, dodge any issue presented us. Neither do we intend to be entangled in any of the meshes of *cliqueism*, which is the bane of every profession. High and low dilutions will each have their full and impartial trial in developing the perfection of the true Hahnemannian law. For this reason we wish for the support of all lovers of that law.

TO SUBSCRIBERS.—With this number we commence a new volume (the tenth) of this magazine, and we desire to make it known to our subscribers, and to all others interested, that volume tenth will excell all others heretofore issued in the variety and value of its contents. To the very few who have not yet paid for the ninth volume, the publishers desire us to say that if the three dollars due is not soon forthcoming, their

names will be removed from the mail list. PAY UP, MESSIEURS, and we will guarantee you the worth of your money twofold.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY

REPORTED BY ROBT. J. M'CLATCHEY, M.D., SECRETARY.

A SPECIAL meeting of the Society, in lieu of the regular June meeting, was held June 28th, at the College Building, President Dudley occupying the Chair. The reading of the minutes was dispensed with. The Secretary proposed Dr. Jos. C. Guernsey for membership, and the Doctor was unanimously elected, under a suspension of the rules.

DR. H. N. MARTIN made a report of the meeting of the American Institute of Homœopathy at Niagara Falls, and was followed by Dr. B. W. James and the Secretary.

The SECRETARY moved that a committee of five be appointed to consider and report at the meeting in September the steps necessary to be taken by the Society and the homœopathic profession in general in Philadelphia, to secure proper representation in the public and private charitable institutions of the city where the services of medical men are required. Agreed to, after remarks in favor of the motion by Drs. Martin, Korndœrfer and B. W. James.

The SECRETARY also moved that a committee of five be appointed to consider and report at the September meeting a plan for the reorganization of the Society upon a more effective working basis. Agreed to.

The PRESIDENT stated that he would take time to make these appointments and would announce his choice to the appointees by note.

The SECRETARY said that although it was customary to appoint the mover of a resolution to appoint a committee the chairman of that committee, he hoped the President would in this instance honor the custom by its breach. He was always willing to serve the Society in any way but did not wish to be chairman of a committee.

DR. B. W. JAMES then submitted his usual monthly report as Scribe.

The PRESIDENT then read a valuable paper entitled "*Dyspepsia and a few of its Chief Remedies.*" (See page 1.) This paper elicited the following discussion:

Dyspepsia and its Treatment.

DR. JACOB JEANES. Acidity of stomach is not a good indication for *Lycopodium*. There is a desire for food, to fill a vacancy in the stomach, as it were, rather than from any wish for the food, and but a little satiates; there are likewise fulness of the stomach, belching of tasteless wind, and obstinate constipation. To the indications for *Bryonia* he would add another symptom, viz.: pain in the epigastrium, towards the left side, when making a misstep.

DR. MARTIN. He was glad to listen to Dr. Dudley's remarks on *Mercurius sub. corr.*; they were new to him and he had not used that remedy much. He had used four medicines more frequently than others in this disorder, viz., *Sulphur*, *Nux vom.*, *Lycopodium*, and *Anacardium*. About five years ago, an old gentleman from New England wrote to him for medicine. He had a great craving for food, would eat and would be entirely relieved of his distress for about two hours after eating; the craving would then recur, with other "dyspeptic" symptoms, and would be again relieved by eating; he would be obliged to get up several times during the night to relieve himself in this way. He gave this man *Anacardium* and it produced a complete cure. Since that he has cured a number of cases with similar symptoms by the same remedy. He was under the impression that this was a by no means uncommon symptom of dyspepsia. *Nux vom.* and *Anacard.* have similar dyspeptic symptoms but they differ in mental states. To morose hypochondriacs who complain of having lumps in the stomach he would give *Nux*. *Lycopod.* must be given high to effect a cure. *Sulphur* is a grand remedy, and he sometimes commences the treatment of a case with *Sulphur*, even though another remedy might be indicated. He regarded the craving for food at 10 or 11 in the morning as a certain indication of *Sulphur*.

DR. KORNDORFER. There are a number of remedies which have thirst symptoms similar to those of *Arsenic.*: China, for instance, which has the *Arsenic.* thirst strongly marked. He had had a case out of old-school hands, the patient having had mercury, rhubarb, quinine, iron, morphia, etc., and finally being told that if he had another attack he would surely die. He had another attack but did not die. His attacks were ushered in by dull and oppressive headache and lassitude, then extreme pain, excessive nausea, then vomiting, first of yellowish matter, then of greenish and on the second

or third day, of blackish or brownish. He first gave Nux., then Ipecac. for the constant nausea, without relief; then Phosphor. for the vomiting of water as soon as it got warmed in the stomach. He was then led to Arsenic by the symptoms of drinking frequently but of small quantities at a time, and the great restlessness, and in three days the man was better and in nine days he went down town to attend to his business. He could drink milk thereafter which he could not do before. He was not disposed to value the thirst symptoms of Arsenic. as lightly as Dr. Dudley did. Nux vomica is sometimes used when Nux moschata is indicated and would do better; the dyspeptic symptoms indicating Nux moschata come on at once while the patient is still at table. There is a form of dyspepsia in which there seems to be a tendency towards typhoid fever, and for this condition Gelseminum given in the 6th dilution and in repeated doses has a very prompt effect.

DR. MARTIN. This discussion shows that we should avoid prescribing for a single symptom. Dr. Korndörfer says that when the dyspeptic symptoms come on at once while the patient is still at table he gives Nux moschata. He (Dr. M.) would give Kali bich. for such a condition. If the patient were a woman, with uterine or menstrual derangement, or disposed to hysteria, he would give Nux moschata; but for a "catarrhal dyspepsia" he would prescribe the Kali bich. He once prescribed Arsenicum with very prompt relief, for the symptom "the stomach feels as if it were full of water."

DR. KORNDÖRFER said that he was not in the habit of prescribing for a single symptom, as Dr. Martin knew. He was led to Arsenicum by a single symptom, and found then that it covered the entire case.

DR. E. A. FARRINGTON. No doubt we are all agreed that "Dyspepsia" is a hydra-headed monster, and that we need to look in many directions for remedies for it. He had a singular case in which the patient could not eat lean meat, but could eat plentifully of fat meat and drink milk; if he did eat lean meat he would get the ordinary symptoms of dyspepsia and a very troublesome itching on the entire body, without any eruption. This case he cured with Ruta grav. He could find no remedy to cover these symptoms, so he looked for *causes*, and found that the man had strained himself across the stomach while carrying a heavy load. Ruta suited the cause, and some of the symptoms and, given in the 200th, cured. A

lady who had dyspepsia had also a dry barking cough, with pain in the hypochondrium when coughing. Drosera cured this cough and dyspepsia. For symptoms occurring immediately after eating we have Pulsat., Kali lich. and Lycopod. In those cases where the trouble begins immediately after eating, it is stomach dyspepsia; while when the duodenum is the seat of the difficulty the symptoms do not come on so soon, and here Nux vom. seems to be most suitable.

DR. B. W. JAMES. The physician prescribes his medicine in these cases in accordance with the symptoms, and the patient gets well; but it does not follow that the medicine cured the case. Most cases of "dyspepsia" have their real seat in the mind and brain; the disordered condition is brought about from some overtaking of the vital energies; these cases are old staggers; they won't get well, and they go about from doctor to doctor and from bitters to bitters, and they don't get well until they get a good rest from their business. He was surprised that nothing had been said in the paper, or by those who had discussed it, about diet. The diet must be regulated and things that are known to be injurious *per se*, or injurious to the individual, must be positively prohibited. A man puts a mustard plaster on his leg, and he is not surprised when it becomes inflamed, but he pretends to be surprised when he gets dyspepsia from putting a mustard plaster within his stomach. The diet must be regulated, the food must be thoroughly masticated and insalivated, plenty of time must be given to a meal, the mind must be made free, and *then* the patient will be cured of his dyspepsia, with or without medicine. Mental emotions may bring on dyspeptic attacks which may last for days, and which will be cured by the relief of the disordered mind.

DR. MATTHEW S. WILLIAMSON. Great debility, constriction of the throat, and raising of mucus which is so sour that it fairly sets the teeth on edge, are symptoms which positively indicate Sulphuric acid in dyspepsia.

DR. MARTIN. The diet of dyspeptics is a very important item. He had found milk in some of its forms an excellent food in some cases of chronic dyspepsia; and hard-boiled eggs, boiled for twenty or thirty minutes until the yolk becomes quite dry and mealy, is about as digestible an article as an egg can be.

DR. B. W. JAMES confirmed Dr. Martin's testimony in favor of hard-boiled eggs.

THE SECRETARY said they had been recommended years ago, he thought by Sir Astley Cooper, in cases of cancer of the stomach, when the stomach would tolerate nothing else.

DR. M. M. WALKER had a case of dyspepsia for which he prescribed *Nux vom.*, without effect. He then found that the patient had a scurfy eruption on the forehead, leucorrhœa, sinking or gone feeling of the stomach near midnight, and a red deposit from the urine; for these symptoms he gave *Sepia*, which cured the entire case.

DR. C. S. MIDDLETON. Dyspeptics are very apt to eat more at a time than is good for them, and in this direction there should be severe restrictions. A pregnant woman who was very hungry and wanted to eat a great deal at a time, was told by him to eat often and but sparingly at a time. This she did, eating very frequently; she ate raw meat to some extent and he gave her *Carb. veg.*, and with it all she was relieved of her dyspeptic troubles.

THE SECRETARY said that in his opinion regiminal measures were of more importance in the treatment of the so-called dyspepsia than strictly medicinal means. The quality and quantity of food should be regulated, as well as the time required in masticating it, and the state of the mind should not be neglected. In fact the patient should be made to enjoy all the advantages of hygienic management. Under such circumstances they will get well, as Dr. James says, with or without medicines. But medicines will do a great deal in these cases, and in fact will sometimes cure the case notwithstanding the fact that the patient persistently and systematically disobeys the order of his physician, or rather follows the bent of his own inclinations. It is a very difficult matter indeed to get patients who suffer from dyspepsia to do as you wish them in the matter of diet; and if they do obey in one respect, or at one time, they will make up for their obedience by a gross violation of the rules at another time or in some other direction. He used quite a large number of remedies, the principal of which had been mentioned by Dr. Dudley in his paper. The five principal remedies he employs, however, are *Nux vom.*, *Nux moschata*, *Kali bich.*, *Hydrastis* and *Hepar s. c.*

Nux moschata he uses very frequently in the disorders peculiar to women, especially derangements of the menstrual function. In these latter forms of female weakness he regarded it as more frequently indicated and curative than

any other drug of the *Materia Medica*. And it seems to be especially suited to dyspepsia occurring in women with menstrual derangements, who are given to sleepiness, fainting or laughing hysteria. Special indications for its use in dyspepsia are: the patient complains that the food—bread, meat, potatoes, etc., lies in the stomach like small hard lumps, each one of which seems to have hard surfaces and angles which make the stomach feel sore by coming into contact with its surfaces. And, indeed, to some extent these symptoms represent the true state of the case; for patients to whom *Nux moschata* is suited do not chew their food well, and in fact do not chew it at all,—one or two bites and down it goes, in lumps. For these cases *Nux moschata* is a “sovereign remedy.” It is known as a “stomachic” amongst the laity, and brandy-and-nutmeg is a frequently-sought beverage at the drinking bars of the country by dyspeptics who bolt their food. None of these things are new, however, and he had related his experience with the nutmeg to Dr. Hering, and that gentleman with his usual excessive generosity had given him undue credit for the same in his *Materia Medica*. He uses *Nux vomica* and *Kali bich.* in dyspepsia for nearly the same symptoms described by Dr. Dudley and the members who had spoken on the subject. *Kali bich.* he regards as especially indicated where the gastro-cesophageal tract seems to be violently irritated as though it had been affected by an acrid fluid passing over it, with burning, nausea and vomiting, and gulping up of acrid fluid—not the sour fluid of sulphuric acid. He had often had patients complain of horrible emesis from taking even two grain powders of the third decimal trituration of this irritant poison. *Hydrastis* he gave when there was obstinate constipation and its attendant dull headache in the forehead, weak feeling in the epigastric region, sour eructations, and “dyspeptic cough” with copious expectoration of thick mucus. He had never been able to do as well with *Hydrastis* in dilutions as in the tincture. *Hepar* he gave for the symptoms laid down in the *Symptomen Codex*. He regarded the belching which tasted as the crude *Hepar* smelled as a true indication for its use. It is frequently spoken of as a “taste as of spoiled eggs,” but it would be more appropriately termed a taste as of hard-boiled eggs.

The Society then adjourned to meet on the second Thursday in September.

THE

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No. 2.

ARSENICAL POISONING AND EXPERIENCE WITH ARSENIC.

BY M. J. RHEES, M.D.

I WAS summoned in great haste to visit a young man, æt. 20, and found him just recovering from a serious attack of syncope. I learned that he had been suffering for a day or two with violent fever, vomiting of bilious matter and other symptoms, which induced me to think that he was laboring under one of the violent forms of bilious fever which prevail in that climate. (This was in California.) But there was a complication which I could not understand, as it could not be referred to the effect of the fever. It was an extensive tumefaction of the right cheek, with violent pain in the whole of that side of the face, and smooth, shining scarlet redness of the skin over the swelling.

I battled with the symptoms to the best of my ability, and succeeded in reducing the fever and the inflammation in the face; but the pain continued. In the course of a week after the attack commenced the right arm became intensely tumefied from the elbow to the wrist, and was very painful. In my intercourse with the patient I learned that a short time before he was taken sick he had consulted a dentist in regard to a large cavity in the second superior molar tooth (right side). The nerve being exposed, the dentist introduced Arsenic to destroy it, previous to filling the cavity. This seemed to throw some light on the case and was sufficient in my opinion to account for all the phenomena.

In the course of two or three weeks there were evidences of a considerable collection of pus in the arm, and I introduced a lancet near the posterior surface of the ulna just above the wrist. A very copious discharge of thick yellow pus followed, and on introducing a common silver probe into the incision I could distinctly feel it grating on the denuded surface of the bone as far as the length of the probe permitted me to explore. Contrary to my expectation the arm got well speedily after this, and there was no subsequent trouble with it, although the bone was so extensively denuded of periosteum. The superior teeth of the affected side now began to loosen, and were removed with the fingers in the following order:—the first molar, the second molar, the bicuspid and lastly the canine. An abscess pointed over the canine eminence, and on being opened discharged freely and continued to discharge a sanious pus for several weeks afterwards. Subsequently a large portion of the alveolar process of the superior maxilla became detached and was removed, and in the course of four or five months from the time he was attacked the patient regained his usual health.

To this I may add an experience of my own (in my own person), which, though not so serious, serves to show the danger connected with the use of Arsenic for destroying exposed dental pulp. Last spring (this was written in 1860 or 1861) I went to a dentist for the purpose of having a large cavity filled in the second inferior molar of the left side. It was so sensitive that the operation could not be borne, and the dentist wished to introduce Arsenic, but remembering my California case, I objected, and he inserted instead tincture of galls and myrrh. After a reasonable time had elapsed, it was found that no effect had been produced by this application, and as the dentist assured me that he had used the Arsenic in hundreds of cases without any evil effects, I consented to have it applied. In about one hour a severe dull aching pain commenced in the tooth, extending to all the teeth of that side, attended with nervousness and general discomfort. I was told that this pain would continue not more than twenty-four hours, but instead of ceasing at that time, it increased and continued to torment me for nearly two weeks. The tooth seemed longer than natural, was somewhat loosened and very sensitive to pressure and to cold water. In about a month after the application of the Arsenic, a portion of the alveolar process came away from the outer side of the tooth,

and it gradually became firmer in its socket and was afterwards filled without pain. Some two months afterward, a filling which had been in the second inferior bicuspid of the left side for many years, suddenly became loosened and dropped out; when the dentist attempted to refill it, he found the whole of the bony substance in a state of soft decay, and the enamel so frail that it was very difficult to adapt even an amalgam filling. In a very short time the enamel began to break down, the filling was lost and the tooth entirely destroyed above the gum.

In the foregoing cases we have the following symptoms produced by bringing arsenious acid in contact with bony substance:

Swelling and hardness of cellular tissue over the part affected. Intense, shining redness of skin. Violent pain in the bones and teeth affected. Severe dull aching pain in teeth, increased by cold and by pressure. Sensation as if the tooth was too long. Loosening and falling out of teeth. Soft decay in tooth. Caries of alveolar process. Inflammation of periosteum. Denudation of bone.

Irritative fever attended by extreme prostration and fainting, with vomiting of bile. Nervousness and general discomfort.

I will now detail three cases which prove the curative effect of Arsenic in diseases of bone.

Case I. Anne Y., æt. 9, May 23d, 1872. Just recovering from an attack of scarlet fever. This morning she complains of violent pain in left hand; will not allow it to be touched, scarcely to be looked at. Palm and dorsum of hand extremely swollen, hard, red and tender to touch. Fingers swollen so that they stand apart. Prescribed *Rhus tox.*³⁰ and *Sulphur*³⁰ alternately every three hours, and a hop poultice to hand.

May 24th. No better, had no sleep last night, swelling increases, skin hot and dry, pulse 120. *Hepar*³⁰, every two hours. May 25th. No change. Continued *Hepar*³⁰, every four hours. May 26th. Swelling increasing, pain somewhat moderated. *Mercur.*³⁰, every four hours. Continued *Mercur.* until June 1st; no improvement; suppuration commenced; child will not submit to lancet; gave *China*³⁰ for constitutional irritation. June 3d. Swelling tense, and pointing in palm of hand. Gave *Hepar*³⁰, every four hours. June 4th. Abscess has opened, but there is no diminution of pain, redness

or swelling; pus thin and sanious; continued Hepar³⁰, every four hours. June 8th. No improvement; Mercur.³⁰, every four hours. June 11th. Fistulous opening in palm of hand still discharging ichorous pus; pain and sensitiveness still great. Mercur.³⁰ and Silic.³⁰. Continued these remedies until the 26th, when I found no improvement and began to fear that the whole metacarpal bone of the middle finger would be destroyed and the child crippled for life. I gave Arsen.³⁰ every third day with the most satisfactory result. When next I saw her, July 3d, the swelling had decreased, the discharge had diminished and the pain was much less severe. Continued Arsen.³⁰ which made a complete cure, and in the course of six months the hand was useful and without deformity. To those who know the difficulty often experienced in managing these cases of whitlow in the metacarpus, this experience will be welcome.

Case II. Miss Fanny F.; æt. 18, Nov. 17th, 1873. Has just recovered from an attack of typhoid fever under the care of another physician. Has had for a week or ten days a dull aching pain in the right leg below the knee, somewhat increased by walking but especially aggravated at night after becoming warm in bed. On examination, I found an oval prominence on the flat surface of the tibia about four inches below the knee. It was hard and immovable and very sensitive to the touch, with very slight redness. No fever or gastric trouble. Gave Arsen.³⁰ every night. Nov. 23d. Very much improved. Continued Arsen.³⁰. In three weeks the swelling had disappeared, as well as all the other symptoms. The same young lady came to me Jan. 17th, 1874, complaining of a similar pain and tenderness on the outer surface of the right ulna, pain worse at night after getting warm in bed. Arsen.³⁰ cured in about ten days.

Case III. Alice H., æt. 8, called Jan. 19th, 1874. Child had been suffering for several days with what was supposed to be toothache, and two days before my visit had had a left inferior molar extracted. Was still suffering with violent dull aching pain in lower jaw, extending over the left side of the face and into the head. Skin hot and dry, pulse 128, tongue covered with slimy white coating, salivation with strong mercurial fetor. The body of the inferior maxilla was very much swollen laterally and inferiorly and was very hard and sensitive to touch, and the skin over the swelling was red and somewhat glazed. So far as the mother knows, the child has

never taken mercurial preparations. Here I believed that I had otitis and periostitis to contend with, and that the sub-maxillary salivary gland was sympathetically inflamed. I gave Acon.³, Mercur.³⁰ alternately every hour. Jan. 20th. No better. Bellad.⁵, Hepar³⁰, alternately every hour. Jan. 21st. No better. Mercur.³⁰, Arsen.³⁰ alternately every hour. Jan. 22d. Much relieved; tongue cleaner, pain less; continued Mercur.³⁰ and Arsen.³⁰ alternately every two hours. Jan. 23d and 24th. Improvement each day. Continued same medicines. Jan. 26th. Tongue clean; pain almost gone; fetor of breath and salivation entirely removed: swelling not so great; gave Arsen.³⁰ every third day. After this the swelling of the jaw gradually disappeared, and in four weeks was removed.

CASES OF ARSENICAL POISONING.

BY H. REYNOLDS, M.D.

MAY 11th, 1874. Was called to see Mrs. K., æt. 33, who was suffering with the following symptoms: vomiting, diarrhœa, cramps, burning thirst and faintness, intense burning in the region of the stomach, vomiting of mucus mixed with blood, vomiting on raising the head, anguish and despair, driving her from one place to another for relief. Stools mucous and bloody. For these symptoms which came on about an hour after she had eaten her breakfast, I gave her Arsen.; but greatly to my surprise, her husband was soon taken with similar urgent symptoms. The conviction was thus forced upon me that there was some special cause at work to produce these similar conditions in husband and wife, and that in all probability I had cases of poisoning to deal with. I learned that they had had fish for breakfast, and that these fish had been kept in a cellar where arsenic had been placed as a poison for rats, and it seemed a reasonable inference, under the circumstances, that the arsenic had been carried by the rats to the fish of which the family had partaken. Any one witnessing the agonizing symptoms of the husband as he lay tossing and groaning, could not fail to be convinced that he was laboring under the influence of arsenic or of some other equally potential poison. I felt as if it would take too long and that precious time would be wasted while the hydrated peroxide of iron was being prepared. Profuse emesis had already occurred, probably in consequence of an overdose of the poison, and

this was stimulated and continued by the use of mustard and warm water. I then gave sweet oil, milk and magnesia.

These two patients had hardly got relief when a nursing child was taken with similar symptoms, and was treated as before stated. Next day the little girl *æt.* four years finding the fish left from the parents' breakfast in the closet, ate almost a quarter of one. In about an hour thereafter she was suffering from the symptoms of poisoning similar to those of her parents and the other child, and was treated in a manner altogether similar. This child, however, has as after-symptoms a burning sensation on the top of the head and a disposition to lie with her hands up over her head. These were removed by *Pulsat.*⁶. Mr. K. complained of nothing afterwards excepting extreme weakness, which was soon removed by *China*⁶. Mrs. K. was left with a leucorrhœal discharge and a brickdust sediment in the urine, which were removed by *Lycop.*³⁰. They are all now quite well.

DIETETICS.

BY J. H. BUFFUM, M.D.

DIET in disease is a subject which presents many points of interest both to the physician and his patient, and a knowledge of dietetic preparations for the sick and for those recovering from disease, however apparently unimportant, adds much to a physician's power over his patient, and to his popularity and usefulness.

In health, diet may be left to a great degree to the inclination or taste, both as regards quantity and quality; the appetite unless perverted by much high seasoning and rich sauces may be considered the best regulator. In disease, however, the regulation of both quantity and quality of the food is of the greatest importance. Here the taste is so perverted as to desire much that would often prove injurious, and even the appetite to decide the quantity, and the severity of the disease would be increased and the life of the patient often times sacrificed by allowing these to govern.

A proper knowledge of dietetics is as necessary in the treatment of disease as is that of the *materia medica* strictly so called. Unfortunately for the young physician it is a subject that receives little or no attention at the hands of our college faculties. It is one of the first things he finds he is deficient

in, and as his practice increases he feels more and more this want, and finds that the prescription of a suitable diet really is a more difficult matter than the prescription of the proper medicine. A diet of "toast and tea" may serve him for a time, but patients desire variety, and the physician is expected to have numerous palatable dishes to recommend to his patients. Should he be able to designate a number of articles of diet suitable to the condition of his patient, his task is not always complete, for he is often called upon to furnish the requisite information for their preparation, and as he recommends them, he is expected to be able to furnish the *best* receipts for their elaboration.

The possession of good health can only be realized by the adoption of such rules of diet and regimen as insure a due supply of healthy blood to replace that which is daily consumed in the avocations of life; and accordingly as this re-supply is increased or decreased, or the quality changed, so varies the state of the health of those who, either from choice, necessity or ignorance, neglect these rules. The morbid effects arising from a deficient supply of food are generally encountered in connection with other deleterious agencies; thus in badly managed public institutions and in the homes of the poor we meet with the consequences of cold and insufficient clothing. Perhaps one of the most notable examples of the effects of this defective nutriment that might be cited, is the prevalence of ophthalmia among the inmates of orphan asylums, farm schools, etc. Any one brought into contact with the poorest classes, as in dispensary practice, cannot fail to notice the bleary-eyed men, women and children that daily throng our dispensaries, and the large number of cases of corneal ulcers, keratitis and blepharitis that present themselves for treatment, and which are more promptly relieved when we can admit them to our hospitals and give them a generous allowance of suitable food.

It is impossible to lay down rules for the rational and methodical use of food in disease, for here, as in everything else in our treatment of the sick, we must individualize our cases, carefully observing the condition, surroundings and idiosyncrasies of our patients, if we would be successful. If the observant physician could be sure that his directions pertaining to diet were carried out in full, more might with certainty be reported of the results of the application of proper food in disease. Cures, however, are effected under the worst kinds of dietary regimen, as among the poor, yet we can not but feel

that under different circumstances recovery would be more rapid and mortality less.

There is no doubt but that the patient's friends deceive the physician time and again in relation to his diet, while in everything else they may be truly honest in following his directions. And there are many cases, no doubt, in which we hear nothing of it, unless an aggravation of the disease is produced which leads to a disclosure of the indiscretion.

The digestibility of food and its subsequent assimilation depends, as we know, as much upon the mode of preparation as upon the condition of the organism and the circumstances relating to the individual. Oftentimes changes in the preparation of the food are alone sufficient for the relief of functional diseases of the stomach; and in chronic diseases of the assimilating organs, in which the appetite is unimpaired or even increased, dietetical regimen is of great importance, since such patients are more apt to overstep the bounds of prudence by the employment of an improper diet.

Personal experience must be called in to aid in the treatment of all diseases, but more particularly in functional and organic lesions of the stomach. We must endeavor to learn the kinds of food which best agree with each individual patient, for the only important conclusions in the treatment of indigestion or other morbid affections are to be arrived at by the individual examination of every patient. The majority of persons know what articles agree or disagree with them, and every information of this kind will go far to aid us in the selection of the proper remedies. Mere abstinence from certain things will often remedy derangements of health, when too much or too rich food has been indulged in to the burdening of the organ which has repeatedly afforded warning of approaching disorder. Many are slow in recognizing the danger signals, and lesions of the digestive organs soon result.

The impossibility of forming rules for the administration of diet is apparent in an affection when we find that some patients thrive on what are generally considered among the least digestible articles of food, as fried fish, cabbage, cheese, butter, fats, etc.; while on the other hand patients presenting the same array of symptoms could not partake of any of these substances without suffering severely.

In the febrile condition of the body, with dryness of the mouth, thirst and accelerated pulse, very little or no gastric juice is secreted. Under such circumstances, the propriety of

withholding such food as requires the aid of the gastric juice in its digestion is obvious; if we permit its use no nourishment can be obtained from it, while its presence in the stomach acts as a source of irritation.

In the case of sudden illness or accident, the first effort of nature towards cure is observed in the evacuation of the contents of the stomach by vomiting; and by thus cutting off the supply of nourishment from the blood, the system is protected to a certain extent from the consequence of the inflammatory action which is immediately set up. In acute maladies patients are generally indifferent in regard to the taking of nourishment, and as the anorexy is more or less complete in such cases, there is little need of any error of diet being committed unless food is forced by too officious friends.

At the onset of fever there is a loathing of everything but pure cold water. After a time, as the fever is diminished, barley or toast waters are agreeable to the stomach, then luscious fruits are desired and relished, the sugar in them being appropriated, without taxing the digestive organs, to sustaining the necessary heat, and thus checking the inabsorption of the fat. After a while the gastric and intestinal juices are secreted to a sufficient amount to digest starchy and farinaceous food, and the patient is soon able to satisfy his natural appetite and his convalescence is more rapid.

Wonderful stories are told of the recovery of fever patients who were apparently upon the brink of the grave, where they exhibited decided cravings for certain articles of food which in their condition seemed impossible of digestion. In some well authenticated cases when these cravings have been satisfied as a *dernier ressort*, the amount taken to satisfy them, as reported, is astounding, yet from the moment of satisfaction they improved and their recovery thenceforth was rapid. Through what agency nature is thus able to supply the needs of such patients is a problem which must be referred to the metaphysician for solution.

While some of these wonderful cures must be taken *cum grano salis*, yet there is little doubt but that such do occur; but before feeding our patients on mince-pies, cucumbers, sour-kraut or cheese, we should carefully discriminate between a true desire for an article of food which is craved hourly and daily until obtained and the fitful whims by which a perverted appetite calls first for one thing and then another, often losing the desire before the articles can be obtained, or if brought refused for something more difficult to obtain.

In all large hospitals patients are divided into classes, each class having its own especial diet, and each patient is allowed the same amount of food placed in the dietary of the class to which he belongs. While such a system of dietaries is perhaps necessary where the attending physicians have not the time to specify the diet necessary for each individual patient, yet, compelled as they are to notice the variations of symptoms as exhibited in patients ill with the same disease, should they not be as specific in the application of the diet as in the exhibition of the remedy?

The preparation of food by cooking has for its immediate effect the gratification of the palate, but at the same time it must be acknowledged that its remote end is the promotion of digestion. Hence, in the preparation of food for the sick greater care if possible should be exercised than in similar operations for the well. The slightest error in cooking may cause the loss of the appetite at the very time when it is most needed. The weakened stomach, turning in disgust from what may be its most appropriate nourishment, oftentimes compels both physician and attendants to seek some other article or articles which may be applicable, and this, after the proper regimen has been decided on, will be found no easy task.

Porcelain-lined cooking utensils should always be used in preference to those of tin or iron, which are not so easily cleaned and are apt to interfere with the flavor of the dishes.

Food prepared without the knowledge of a patient will generally be better relished than if he is first consulted in the matter. The cooking should be conducted at such a distance from the sick-room that the odors arising cannot reach it.

Any article producing nausea, weight or flatulence, must be immediately changed for some other less likely to produce these symptoms, and the effects of food as carefully watched as those of the remedies.

The bill of fare must be constantly changed, unless we would excite disgust, indigestion or loss of appetite in our patients.

The meal of the day should be taken, not at noon, but an hour or two after noon. The other meals, generally four in number, should be lighter. The supper should be lighter than the breakfast.

In nourishing the sick while suffering from low diseases, it is important to remember that the food should be given in *small quantities and often repeated.*

In the discussion of the various articles of diet suitable to

invalids, I will first call your attention to those considered under the head of

Beverages.

With the febrile condition comes thirst, an urgent desire for cold water, and there is not the slightest reason why this natural craving should not be satisfied. Nothing is more gratefully received by the fevered patient, and there is nothing when properly administered more harmless. It is doubtful whether any patient was ever injured by the frequent use of pure cold water; not in such quantities as to fill or chill the stomach, but in oft-repeated sips sufficient for the parched condition of mouth and throat. Water is the best and most universal beverage for the sick, and should be obtained as pure as possible and free from too much solid ingredients. It should be soft, and if river water is used it should be filtered or distilled. Rain water if fresh is excellent. Distilled water, although pure, is not always palatable, owing to the want of air in solution.

Water may be administered at such temperatures as are desired by the patient, but if very cold the quantity should be very small.

If the stomach is in such an irritable condition that it will not tolerate a liquid of any kind, the thirst may be allayed to some extent by allowing small pieces of ice to be held in the mouth until dissolved; where ice is substituted for water its use must be constant, as the ice tends to increase the thirst rather than to allay it. Hence but little satisfaction is derived from the use of ice, and where water will be tolerated no recourse should be had to the ice; moreover, the reactionary effects after its continued use are not beneficial.

It is often advisable to administer some slight nutriment with the drink, and for this purpose solutions of gums, starchy matters, sugar, toast-water, thin gruels, etc., are used.

There are some forms of liquid nourishment which are readily absorbed without taxing the digestive organs to any great extent, and thus go almost directly into the system to supply the demands of nature. The most commonly used nutrient articles of this class are beef tea, whey, barley water, toast water, and infusions of the grains. These like fluids generally require but little time for their complete absorption by the stomach.

In the preparation of gum and mucilaginous drinks, clean

gum arabic is taken, washed in cold water and then slowly dissolved in cold water. When made of the powdered article or with hot water the flavor is less agreeable. Mucilage differs from gum water by containing a larger proportion of the gum.

Toast water when properly prepared forms an almost indispensable drink in the sick room. If good bread or crackers are nicely toasted, not burnt, and then placed in a dish and hot water poured on and allowed to cool, the drink will often prove more palatable than water alone.

Barley water is made by taking about two ounces of pearl barley which has been well washed in cold water and boiling it in a pint and a half of water for half an hour, then straining it and allowing it to cool. If not contra-indicated, it may be sweetened, flavored with a piece of lemon peel while boiling, or lemon juice may be added as desired. It forms a bland, demulcent and slightly nutritious beverage.

Rice water or mucilage.—Wash an ounce of good rice in cold water, then macerate for three hours in a quart of water kept at a tepid heat, and afterwards boil slowly for an hour. If too thick add hot water and allow it to cool. It is very useful as a drink in all irritable states of the alimentary tract and in dysentery and diarrhœa.

The infusion of malt is made by boiling four tablespoonfuls of ground malt in a pint of water for ten minutes. The liquid is poured off, diluted one half with milk, or given pure. It is very agreeable and nutritious, and is often beneficial in some cases of cholera infantum when other things are rejected.

Water gruels made of oat meal, flour, ground rice, corn meal, sago, arrow root, or pulverized cracker, are often in demand. Two tablespoonfuls to a quart of water are the usual proportions, boiling ten or fifteen minutes or until thickened; the gruel is then strained if necessary, and sugar, salt, or wine added to suit circumstances.

The alcoholic beverages next claim attention. While they all depend upon the alcohol which they contain for their stimulating action, yet they differ in their effects in other respects, according to the associated constituents which may happen to be present and play no unimportant part.

Alcohol can hardly be said to be an alimentary principle, as in the absence of the essential ingredients of tissues there is no reason to suppose that it contributes at all to the renovation of the tissues. Late investigations show that it acts by

its presence in the blood in preventing the waste of tissue to some extent. Both tea and coffee resemble alcohol in this respect, and experiments have proved conclusively that with the constant use of these articles less food is required to sustain the same weight of body than without them.

When we prescribe alcoholic drinks it is of course with the expectation of obtaining the benefit of their primary action, and here they prove of the greatest benefit at times. Too much care cannot be used in the prescription of alcoholic beverages, and the moment that the occasion calling for their use has passed they should be discontinued.

In many cases the potentized remedy answers the purpose of stimulants, and we are gradually discarding the use of alcoholic stimulants to a great degree. In cases where the vital powers are at a low ebb, and when we find that if by the use of stimulants we can keep life in the patient until nature recovers herself sufficiently to make a healthy reaction, we certainly are justified in thus "bridging the chasm" and saving life. Theoretically our medicines should fill all the conditions in place of the alcohol, but unfortunately when apparently well indicated the system does not always respond, and unless stimulants are obtainable the patient will pass from our hands.

Those beverages which are rich in saccharine and extractive matters, as porter, stout and the heavier ales, possess nourishing and fattening power which the simple alcoholic fluids do not have.

The infusions, the most important of which are tea, coffee and cocoa, like the fermented beverages, are indirectly nutritious, diminishing as they do the waste of the body in a given time, and are in universal use, especially among the poor, who have found that if they have their tea and coffee less food is required to supply their needs, and their mental and bodily comforts are thereby increased. While allaying hunger to some extent and having a soothing effect upon the corporeal system, yet, owing to the increased activity of the nervous system which they cause, they are not practically useful in acute affections. If not causing wakefulness, their use however is not contra-indicated during convalescence.

All possess nutritive material, but in varying proportions, cocoa possessing considerably more than either of the others, abounding as it does in cocoa-butter. It forms, however, too rich a food for weak stomachs, and at the same time its effect upon the nervous system is less marked than with the others.

Acidulous Drinks.

Water acidulated with vegetable acids oftentimes proves a most refreshing drink, allaying thirst and moderating excessive heat more readily than pure water. The use of lemonade, tamarind and jelly waters are seldom contra-indicated in febrile and inflammatory diseases, unless diarrhoea be present. They are gratefully received by the invalid, who appreciates the cooling influence they exert on the mouth and fauces. Their slight nutritive properties depend mainly upon the sugar which they contain.

Animal Food.

The list of animal foods is smaller than the vegetable, but more important.

Beef tea, mutton and chicken broths form very light, easily digestible and hence very useful dietetic preparations for the sick. Beef tea is a light and pleasant article of diet if properly made, and if its use is not too long continued will be well received. Mutton broth is more apt to disagree with patients on account of the fat, which it is very difficult to remove entirely. Chicken broth, if not made of fowls that are too young, forms an excellent and palatable article of diet, and is least apt to burden the weakened stomach.

The broths become soups on the addition of some vegetable substance which joins them, and then prove more palatable to the invalid, who soon tires of his "slop diet." Beef tea, or more properly beef extract, is best prepared by cutting the beef into small pieces and placing them in a clean saucepan, with cold water sufficient to make the tea of the required strength, usually in the proportion of a pound of meat to a quart of water. By allowing the meat to thus stand in the water for a few hours, more extractive matter will be obtained than by immediately heating it. When placed upon the fire it should not be allowed to boil, but to gently simmer until reaching the boiling point, when it is to be removed. All fat should be removed from the beef before placing it in the water, and if any rises during the preparation it should be carefully removed. The extract thus obtained should be seasoned with a little salt, and may be taken warm or cold, and in such quantities as the physician may think necessary.

The addition of a little nice barley or parsley gives it a new flavor, and it will sometimes be more readily taken thus than without. Mutton broth is made in a very similar way to

beef tea, a lean and tender piece of mutton being selected for the purpose, and the water boiled.

Chicken broth. In the preparation of this, that portion of the chicken known as the "second joint" should be finely chopped and boiled in sufficient water.

Veal broth is generally prepared from the fleshy part of the knuckle of veal, in the same way.

Beef roasted, boiled or broiled forms excellent staples of diet, but require considerable effort on the part of the stomach to convert into chyme, and hence are not called for in acute maladies until recovery sets in, when by allowing the patient to extract only the juice at first, and then swallow a few shreds of the meat, daily increasing the amount swallowed, the digestive organs will be finally won back to their normal condition.

Beef administered in a raw state, when finely divided, is very useful in some derangements of the digestive organs, and although not very palatable at first, the taste for it is soon acquired. It has proved very valuable in cholera infantum and dysentery when everything else had failed. It should be scraped or well minced and seasoned with a little salt.

Eggs in their varied preparations form another staple article of food, the yolk particularly containing all the nutritive elements necessary. With reference to the digestibility of eggs, it has been found that the yolk is more digestible when hard-boiled, while the white is least so.

Eggs seem particularly useful in lung diseases, and in exhaustive cough cases they seem to act palliatively.

Eggs beaten up with milk and water are tolerably easy of digestion and very nutritious. For disordered stomach, a very useful dish is made by adding a well-beaten egg to one pint of milk and one of water and boiling, adding sufficient salt to season. When cold, most any quantity may be taken without inconvenience. If it curdles, however, it is useless, and must be thrown away. The yolk may be beaten up with brandy, wine or cream, or it may be boiled, mashed and mixed with cream, and administered in small quantities.

Artificial fibrin, as it has been termed, is very highly recommended by the English journals as a very nutritious substance, capable of being administered under circumstances where other food is not acceptable. It is prepared in the following way : The white of an egg is poured into cold water and allowed to remain for twelve or more hours, during which time it under-

goes a chemical change, becoming solid and insoluble, assuming an opaque, snowy-white appearance. This and the liquid in which it is immersed are heated to the boiling point, and the fibrin is ready for use. It is very easy to digest, and very palatable, being considered quite a delicacy. It is said that the stomach will retain this in many cases when everything else is promptly rejected, its presence creating a craving for more food, and thus promoting instead of diminishing the appetite.

Plain custard made of egg, milk and sugar is often allowable and well received.

Gelatine, in the form of jelly, with or without wine, when not tough, is readily digested, and although affording but little nutriment, serves to allay the feeling of emptiness and hunger when more nutritious food cannot be well taken. Being demulcent and possessing no irritating qualities, it proves very useful in inflammatory affections of the bowels.

In the preparation of gelatine jelly, it is very essential to soak the gelatine, as procured in the shops, in cold water for some time, if a good article is desired. An extremely palatable jelly may be made by soaking one package of the prepared gelatine in one pint of cold water for an hour or more, then adding one and a half pounds of sugar and three pints of boiling water, and the juice and grated rind of three or four oranges, stirring until the gelatine is dissolved, then straining through a clean cloth, and allowing it to cool.

If the wine jelly is preferred to this, it may be made in the same manner, adding sherry, madeira or other pure wine instead of the oranges, and proportionately lessening the quantity of water.

Fish, commonly considered as abounding in brain and nerve making elements, is useful in some cases of nervous exhaustion. It is less stimulating and lighter to the stomach or more easy of digestion than most meats, hence it can be advantageously employed when the vital powers are too weak for the stronger kinds of animal food to be borne.

The flesh of the white fish is preferable to that of the red, as it is less stimulating and more easily digested. The fish should be boiled and served without the addition of the sauces which accompany fish on our tables. The digestibility of fish as well as of meat is greatly impaired by the processes of drying, salting, smoking or pickling which are employed for their preservation.

Oysters are often called for by invalids, and the desire should not always be met by a dose of Lycopodium, Rhus or Lachesis, but more often gratified.

Oyster stew, prepared plain or with milk, or oyster essence made by slowly simmering oysters in their liquor or a little water until they swell, seasoning with salt, straining the liquor and serving with dry toast or crackers, are excellent methods of allowing oysters.

In some cases the tender portions of the oyster may be allowed, and in others the sucking of the raw oyster is agreeable and harmless.

When it is desired to employ a nutritious diet with the least possible stimulation or excitement, cow's milk is excellent. It necessarily contains all the elements that are required for the growth and maintenance of the body. When the stomach is not too weak or irritable, good results are obtained from the use of cream; if, however, the irritability of the stomach is so great that it will not tolerate the presence of milk or cream, owing to the abundance of fat globules in their composition, skim milk forms a grand substitute.

The discussion of the merits of skim milk, both as a remedy and as an article of diet, has occupied the attention of the medical world for some time, and an endeavor has been made on the part of some to have it recognized as *the* diet for all forms of disease. But after the spasm of universal application which it has enjoyed, its sphere of usefulness is gradually becoming better defined, and its prescription made with some certainty of success.

Milk is generally considered particularly useful in those exhausted conditions dependent upon the loss of blood, and in inflammatory affections of the alimentary tract.

Butter-milk and sour milk seemingly produce a gentle activity of the liver and kidneys, particularly of the latter organs.

Cream, notwithstanding its abounding in fatty matter, is with some patients more rapidly digested than milk. It should always be fresh, and may be diluted with water or given pure if desired. If frozen, as ice-cream, its use is admissible in some forms, but is not generally countenanced, and should be sparingly allowed. Condensed milk, diluted with water, forms an excellent substitute for cow's milk in our large cities where it is often difficult to obtain unadulterated milk.

Slip, or milk cure, is prepared by sweetening a pint of milk

to taste, warming until of the temperature of new milk, then stirring in half a tablespoonful of liquid rennet and placing in a warm place until curd forms. When cool, it may be further sweetened and eaten with milk or cream.

Whey being readily absorbed by the stomach, and at the same time possessing some nutritive qualities, is useful in febrile affections. It promotes the secretions and acts as a diuretic. It may be prepared either with rennet or wine.

Wine whey or posset is made by adding a wine-glassful of sherry to half a pint of milk whilst boiling, afterwards straining and sweetening to taste. It forms a useful drink in colds and mild febrile disorders.

Tamarind whey. Stir two tablespoonfuls of tamarinds into a pint of milk whilst boiling, and afterwards strain. It is a refrigerant and slightly laxative drink.

Vegetable Food.

Vegetables when properly cooked are moderately nutritive, and free from any stimulating or irritating qualities; hence they are well adapted for dietetic purposes, unless given in such quantities as to paralyze the weakened stomach and by remaining in it become fermented.

Fruits when ripe and sound form more or less proper food for invalids, according to circumstances.

Apples, when roasted and the skin and core removed, are well adapted for the sick when fruit is at all allowable. The raw apple is very seldom allowed. Pears, if very juicy and soluble, may be given without danger.

The orange when fully ripe and moderately sweet is grateful and wholesome to all invalids. In using the orange the skin and pulp must of course be rejected.

Peaches, on the removal of the skin, may be allowed if ripe. All other stone fruits are generally prohibited.

Grapes when fully ripe, and if care be taken not to swallow seeds or skin, may often be allowed and are easily digested.

Mulberries are unexceptionable.

Strawberries are said to be slightly stimulant, of easy digestion, and more cooling than other small fruits.

Currants, gooseberries and raspberries are generally interdicted in acute diseases. Fruits generally are laxative in their effects, and hence are indicated in torpid conditions of the bowels and contraindicated in diarrhœas. The seeds of all fruits or vegetables if swallowed prove more or less irritating

to the intestines, and in inflammatory or ulcerated conditions may do irreparable mischief.

With the exception of bread, all farinaceous aliment may be considered as merely modifications of starch, containing a small amount of nourishment, and hence adapted to the wants of the sick.

Fresh bread, owing to its somewhat difficult digestion, is seldom used in the sick room in its original form.

Bread should be light, sweet, and a day or two old. When toasted it is generally better received and is less liable to sour in the stomach.

If toast is buttered, the butter should be applied as the toast is eaten, so that it will not become soaked with the butter. It is often as well received without the butter, and is more readily digested.

The brown or Graham bread is sometimes preferred to the white, and is more laxative.

Panadas always have formed, and probably always will continue to form a necessary part of sick room diet, and if well made and their use be not too long continued, are very acceptable.

Bread or cracker panada may be made by taking stale bread (if crackers are used they should be toasted), breaking the bread or crackers into pieces and placing in a dish, pouring on boiling water, chopping fine or until the whole is of a gruel-like consistence—sweetening as desired. Cream or milk may be added, making it more nutritious and palatable.

Panadas should be eaten as soon as cool enough to be swallowed, and should be made fresh for each meal, as they soon sour on standing.

Bread jelly, made by steeping stale bread in boiling water and passing through a fine sieve when hot, forms a light nourishing article for weak stomachs, and may be taken alone or after being mixed and boiled with milk.

Milk toast, water toast, cream toast, and dry toast, all serve a good end in nourishing the sick.

Oat meal gruel, made by mixing one tablespoonful of oat meal with two of cold water and then pouring over this one pint of boiling water, stirring all the while, and boiling for ten minutes, forms, when sweetened, a soothing and nutritious food differing from ordinary farinaceous preparations on account of the nitrogenous matter it contains. It may be made with milk instead of water, or part water and part milk, and is generally better if strained, as the straining removes the irritating hulls of the grain.

Sago gruel. Two tablespoonfuls of sago to a pint of water, boil gently until it thickens, stirring frequently. Wine or sugar to be added as desired.

Arrow-root gruel. One tablespoonful of the ground arrow-root to half a pint of sweet milk and half a pint boiling water, with loaf sugar.

Rice boiled five or six hours, forms on cooling, and after the water has been strained off, a jelly which is soluble in warm milk, and is useful to rotate with similar articles of diet.

Corn starch, prepared without egg and flavored with lemon or vanilla, is one of the necessary adjuncts to the sick room.

Pap, as it is commonly called, is made by boiling flour in a clean piece of muslin for several hours, and when cold a couple of teaspoonfuls are grated off and mixed with a little milk, and the mixture stirred into a pint of boiled milk for a few minutes and salt or sugar added to taste.

Tapioca jelly makes an allowable and pleasant dish. The tapioca should be soaked in cold water for several hours, and then cooked until perfectly clear, adding more water if necessary. When done, sweeten to taste and flavor with vanilla, lemon or wine, and when cold eat plain or with cream.

Vegetable broths, made of vegetables in season by boiling and straining, are useful as substitutes for animal foods when the latter are not allowed.

The mealy inside of roasted potatoes, eaten with a little salt or mashed in milk, proves very acceptable to convalescents.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. BUFFUM, M.D., SECRETARY.

Pittsburgh, April 10th, 1874.

PRESENT—Drs. J. H. McClelland, L. M. Rousseau, C. P. Seip, J. C. Burgher, L. H. Willard, C. F. Bingham, F. R. Schmucker, R. E. Caruthers, W. F. Edmundson, I. B. Chantler, H. H. Hofman and J. H. Buffum.

DR. BURGHER, for the Board of Censors, reported favorably on the names of W. H. Kern, M.D., of McKeesport, and R. Ramage, M.D., of Pittsburgh, for active membership; also upon the name of W. J. Martin for associate membership. Report accepted.

On motion Drs. Kern and Ramage were elected active members of the Society, and Mr. Martin was elected an associate member.

Drs. J. R. Humes, of Ætna, and A. Boley, of Pittsburgh, were then proposed for active membership, and Mr. J. W. Robson for associate membership. Referred to the Board of Censors.

DR. CARUTHERS, chairman of committee on Society Paper reported that "Progressive locomotor ataxia" had been selected by the committee as a subject. Report accepted and subject adopted.

DR. ROUSSEAU, the essayist of the evening then read a short paper entitled a "Case of Pregnancy."

DR. WILLARD asked if the doctor had prescribed Sulph. ac. for the diarrhoea after eating oysters. Had found it very useful. Dr. Rousseau had not used it.

DR. HOFMAN reported a case where a woman had not menstruated for sixteen years, but gave birth to triplets. No children before or since. Spoke of one other case coming under his notice where the patient menstruated only during gestation.

At this point the discussion on the paper was closed.

It was then moved to proceed to the discussion of Dr. Buffum's paper on "Diet in Disease," which was carried.

Discussion on Diet in Disease.

DR. ROUSSEAU opened the discussion by stating that it was impossible to have any universal article of food or drink that was suited to all cases. Besides pure water he prescribed gum water, rice water, toast water, barley water, oat meal gruel, etc., though they were all about the same, and helped to sustain the forces during protracted illness.

DR. HOFMAN did not believe there was any nourishment in gum water.

DR. BURGHER thought it was no matter how much nutriment there was in gum, and as a diluent considered pure water the best. Thought all those mentioned in the paper were excellent and should be prescribed to suit cases. Thought beef tea as a stimulant was the best we could have, as it was easily absorbed when given in small quantities and frequently. Where there was much loss of blood, with prostration and sinking, alcoholic stimulants might be better. Seldom prescribed alcoholic stimulants in practice although they were highly recommended.

Nursing women often think they must have ale to strengthen them and increase the flow of milk. He did not think the quality of the milk was improved by its use, and considered that better results would follow the use of cow's milk.

DR. McCLELLAND asked what the experience of the members had been in the use of acidulous drinks.

DR. BURGHER. Where the use of lemonade is continued for any length of time, it is apt to cause derangement of the stomach.

DR. McCLELLAND thought that in those fever cases in which there was a decided craving for sour drinks it should be satisfied.

DR. HOFMAN prescribed acidulous drinks frequently; had found that the addition of lemon juice to barley water rendered it more palatable in some cases. Found soda water often relished by patients, and did no harm. In exhausting diseases used brandy, egg and milk punch, light wines and beer, but these were contraindicated in febrile diseases. In some cases wine or beer were very useful in stimulating the stomach for digestion.

DR. BURGHER thought the stimulants useful in low cases.

DR. McCLELLAND thought that if you started in a case with such things you must keep them up, as a want is formed which is not supplied unless the patient gets the stimulant, or else bad effects from its discontinuance result.

DR. HOFMAN. Only in those that use it to excess.

DR. McCLELLAND. There are times when you can get up a temporary reaction with medicines as well as stimulants, and hence I deery the too common prescription of stimulants for patients whose greatest complaint is "weakness," and I think the indiscriminate use of stimulants should be discountenanced.

DR. BURGHER thought that in cases where stimulants were called for, pure alcohol and water in proper doses would answer the purpose better than the different liquors. Physicians were too often negligent in not stopping the use of stimulants in patients who were getting an appetite for them.

DR. COOPER. Dietetics is a very important part of the practice of medicine. We are not paying as much attention to it as our predecessors did, and our success would be greater did we but refuse to allow our patients to indulge their appetites as formerly. We must study our cases carefully and observe the conditions of the organs affected. Thought it was im-

possible to supply the use of alcoholic stimulants in those cases where there was a rapid exhaustion of the fluids of the body and waste of tissues, and the presence of nervous symptoms produced thereby. Care must be exercised to adapt the quantity to the patient; in such cases generally gave it in teaspoonful doses until the effect was produced. Since the discussion at a previous meeting concerning the use of stimulants in diphtheria, he had again used stimulants in some very malignant cases of diphtheria, and this time with good success. The membrane became pappy and was easily removed after the stimulants were used.

In giving acidulous or alkaline drinks, we must judge of the condition of the secretion of the alimentary tract. In some cases acid drinks would improve the condition of the patient, while in others, apparently similar, the tongue would fur up, showing that their use was not proper.

DR. WILLARD made it a rule to use acidulated water without sugar, and when bad effects followed the use of acid drinks, thought it was due to the sugar they generally contained. Although it was considered best to interdict the use of acid waters in cases where there was a tendency to diarrhœa, yet he had used lime juice and tamarind water in cases of diarrhœas, allowing his patients but a sip at a time, and often repeated. Thought that a small portion often repeated quieted the thirst, and at the same time did not increase the irritation of the bowels.

DR. McCLELLAND. When the acid is wanted, it is better to use it without the sugar, thus destroying the fancied craving for such things that patients are apt to be troubled with.

DR. WILLARD thought that the sugar was not generally desired, and when it was not, it was apt to be detrimental, and the craving was satisfied by moistening the lips and mouth by the sip.

DR. SEIP thought that sugar increased the thirst.

DR. WILLARD. When the drink was taken in larger quantities, the presence of the fluid in the stomach did not allay the thirst, as the desire for fluids was more often dependent upon the parched condition of the mouth and fauces than upon the need of fluids in the system. Would like to hear Dr. Burgher state the amount of alcohol and water that should be prescribed instead of other stimulants. Thought it was necessary to state the quantity of stimulant to be used as well as the quality.

DR. BURGHER did not recommend the use of alcohol, but thought that if, as stated by Dr. Buffum in his paper, all alcoholic drinks depended for their effects upon the alcohol contained in them, it would be as well to give the alcohol and water, as you would then be sure of the purity of the articles used. In treating diarrhœic patients he had them lie down and keep quiet and allowed them but very little food or drink. But when there was a decided craving for drinks, allowed them to use the acidulated waters, without sugar, in small quantities. Had used skim-milk in some cases, and found that both the thirst and the craving for food were allayed. Gave the skim-milk in tablespoonful doses as often as desired. The milk was allowed to stand from twelve to eighteen hours before skimming.

DR. BUFFUM. Had stated in his paper that all alcoholic drinks depended upon the amount of alcohol which they contained for their resultant effects, but did not think that alcohol and water would answer the purpose, as there were other ingredients which make the stimulants not only more palatable but more kindly received by the stomach.

DR. HOFMAN always allows his patients cold water in small quantities and frequently. Did not think that skim-milk would do any good, but harm when the stomach was affected; but thought it would be good where the lower bowels alone were affected. Used buttermilk with good results. Had treated cases of typhoid with excellent results, in which the patients took buttermilk all the time. Thought starchy food should be used where the stomach "soured." Considered starch and sugar nourishing, and prescribed them in cases of diarrhœa.

DR. WILLARD said he had had two cases of marasmus in children where the stools were very dark. Remedies failed to improve their condition. Allowed them to eat white sugar when everything else was refused and seemed to aggravate. Gave the sugar every two or three hours, and under this treatment they made a good recovery.

DR. BUFFUM. That sugar is essential to the animal economy is evident from its wide distribution. Nature furnishes it in the milk of all animals, in our fruits, berries and vegetables, and children by the almost universal love manifested for food containing it, indicate the importance and appropriate use of it. Starch is converted into sugar by the action of the intestinal juices, but sugar being soluble is more quickly absorbed, and

is thus better adapted for food in children when during the heated term the digestive organs are enfeebled. In northern latitudes, a greater amount of carbonaceous food must be taken to supply the necessary heat, and the Esquimaux children much prefer a piece of "blubber" or fat to the most toothsome sweet-meats. Sugar and starch supply the necessary animal heat and have less tendency to be converted into fat; but oils and fats are deposited almost unchanged, and if fat is alone supplied it will furnish the heat; but in this climate fats are partaken of but sparingly, and hence we indulge to a greater extent in other carbon foods. Cases of cholera infantum have been reported, where other food being rejected, improvement set in after allowing the children to suck pieces of fat bacon.

DR. McCLELLAND. Was much interested in this paper on Diet. Thought it took practical hold of the subject.

In regard to sugar and starch as articles of diet, considered them essentially deficient in the elements of nutrition, especially for children. Nitrogenized food combining all the elements of a mixed diet, was absolutely necessary. Sugar, starch and fat (essentially the same) are not digested in the stomach, and he believed were not *necessary* to nutrition. The full use of these articles in the organism is yet a matter of doubt to physiologists; even their relation to the generation of heat and the formation of adipose is by no means clear.

That they furnish carbon and possibly other elements of service in the organization, is doubtless true, but there is ample proof that heat and fat may both be produced without their aid.

Our endeavor should be to secure a diet comprising all of the elements of nutrition, especially for the sick who can tolerate but little food.

DR. WILLARD said most children have a great craving for sweetmeats, and when they are partaken of in moderation never do any harm, and they seem to supply a need in the nutrition of the body. Thought we could live as long on sugar as on meat.

DR. McCLELLAND differed with this opinion. Sugar could not be compared in nutritive quality to meat. Sugar is probably fattening and may possess the same power as alcohol (which is also similar in composition) in preventing the normal waste of tissue, and thus making real nutritious elements less necessary for the time.

In children with marasmus it may act medicinally, especially so as anything that has a tendency to fatten is of service in this disease.

DR. BUFFUM. In relation to the fattening power of sugar some observers have stated that men fed on five ounces of sugar a day gain in weight one pound a week. Still if an animal was put on an exclusive diet of sugar or fat for any great length of time, inanition would result.

DR. HOFMAN thought that after children cut their teeth, starch and sugar could be used.

Considered beef tea as containing the essential elements of food. Patients are apt to get tired of the beef essence sooner than of the beef tea.

DR. McCLELLAND. Beef tea contains comparatively but little of the nourishing qualities of the beef. Thought that the most remained in the beef that is discarded. Dr. Liebig had stated that his extract was not intended to nourish but to stimulate. Thought the fibre of the meat was more nourishing than anything else if it could be digested.

DR. HOFMAN gave chicken broth, but was more particular in giving it than beef. All white meats are bad in diarrhoea.

DR. WILLARD considered eggs good. Often allowed the hard boiled yolk. Prescribed gelatines in sore-throats.

DR. BURGHER considered beef-tea as nourishing.

On motion the discussion was closed, and the Secretary was directed to forward his paper for publication in the "*Hahnemannian Monthly*."

The following Resolution was adopted:

"In view of the extent to which alcoholic stimulants are employed in the practice of medicine, we deem it proper to make the following declarations as expressing our views on this subject:

"*Resolved*, That alcohol in whatever form should be prescribed with as much care as any powerful drug, as a medicine and not as an article of diet; and that the directions for its use should be so framed and so explicit, that they could not be interpreted as a sanction for excess, or for the continuance of its use when the occasion which induced its prescription shall have passed."

DR. F. SCHMUCKER was appointed essayist for June.

Adjourned.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

1. *Teplitz and Petroleum*. Mr. —, January 20th, 1872. For three days, red (erysipelatos) spot on left cheek; it looks like a collection of pimples, and the skin there is thick and hard; it burns when indoors, after being in the cold air; cold water makes it burn. It itches at times. Eight or nine years ago had erysipelas like this in forehead, which lasted seven to ten days. For two days shooting in various parts of head, behind ears, across forehead. The shooting behind ears seems to come outwards.

Diagnosis. No remedy seemed to cover all the symptoms, therefore, I selected the medicine according to the headache, which was the *latest* symptom. My Mss. Head Repertory gives under *shooting across forehead*, Teplitz. As this remedy also has *shooting in head*, I give one dose of ²⁰⁰ (Jenichen). 27th, pains in head did not return, but has had shooting from behind ears to temples, and an acute pain in forehead, which extended as a dull pain to vertex, but not since 24th. Face got better at once, and has been well since 23d. Lazily perspires on walking, especially under arms (for a week). This morning, pain in right scapula, eyes water in open air. Bowels rather irregular. Face feels hot all over after food (for two weeks). Food does not taste well. Since the face got bad, at times feels as if skin over bridge of nose was drawn stiff and tight.

Diagnosis. *Tightness (spannen) of nose*, according to Bönninghausen's Repertory, is found under Asaf., Canthar., Capsic., Carb. an., Chelid., Chin., Graphit., Menyanth., Mercur., Petrol., Phosph. ac., Ran. bulb., Thuya, Viol. od.

Out of these the following (with thirty-four others), according to my Mss. Eye Repertory, have *lachrymation in open air*: Canthar., Chelid., Graphit., Mercur., Petrol., Thuya.

Of these only Petrol. has heat of face after meals.

Petrol.²⁰⁰, (Lehrmann) was given; three doses to be taken in twenty-four hours. Patient did not return, but on March 27th, he sent a friend to consult with me, who told me the medicine had quite cured him.

2. *Sarsaparilla*. Mr. —, for nine months has noticed a swelling of spermatic cords; when swollen, they ache, and are painful to touch. He has noticed this four times in the last

three weeks. These symptoms come on when sexually excited.

According to my own symptoms when proving *Sarsap.*, I gave one dose of ^{em} (Fincke).

In five days the cords were well, the same circumstances no longer affected them. Cured.

3. *Kali carb.* March 16th, 1872. Mr. —, caught cold by changing his dress. For five days, frequent desire to swallow saliva, but often cannot do it, and it then causes a choking in throat. Can swallow food and drink. When this comes on, heart beats quicker, and he feels weak. At first this came on only at night, but to-day by day also. When lying on right side, *heart feels suspended to left ribs*, and seems dragging them to right side. This morning pain as if lower lobe of right lung were adhering to ribs. *With* the choking is difficulty of breathing. For three nights has only been able to sleep sitting up, because otherwise the saliva would run down throat. Heart's action irregular and tumultuous. Systolic murmur heard loudest at apex. *Kali carb.*^{4m} (Jenichen), one dose at 10 P.M.

17th, 5 P.M. Throat nearly well. Slept well, and could lie down. Heart quiet all night, and ever since. No pain at chest. Auscultation shows heart to be regular and quiet, and *systolic murmur less*. Stronger.

Some time afterwards, he consulted an eminent West-end allopathic physician for a diagnosis. He told him the heart was sound. There was undoubtedly a systolic murmur when I examined him, and he had been refused by a life insurance company, though his health had otherwise been good. Therefore *Kali carb.* must have the honor of curing a systolic murmur. Cured.

4. *Aloes.* This case (my own) was given in the American Journal of Homœopathic Materia Medica (case 545), but as the potency was misprinted, I quote it here.

June 9th, 1870. In afternoon and before midnight I had diarrhœa, brown, watery, with this fecal matter; during stool, soreness of anus; after stool, dryness of throat. The hot weather had just commenced. For some years I have been subject to diarrhœa in hot weather, and it would last several days.

About midnight, I took an olfaction of some globules of ^{em} (Finckè). No return of diarrhœa, though the weather continued hot, nor has the hot weather caused any return of it to this day, August, 1872.

N. B.—The aggravation from *hot weather* is *omitted* in the stool chapter of the Cypher Repertory.

5. *Bryonia*. Pain in sternal region relieved by lying down or pressure for fourteen days. Cured in two days by one dose of ^{cm} (Fincke). No return in five months.

6. *Bryonia*. In morning, makes mistakes in speaking from difficult articulation. Cured by ^{cm} (Fincke). Taken *ter die* for two days.

7. *Nitric acid*. Itching on inner surface of prepuce and at frænum worse on left side. Cured by one dose of ²⁰⁰ (Dr. Lilie's preparation).

8. *Sulphur*. After taking cold, diarrhœa, frequent, scanty, brown, watery, requiring an effort to evacuate it. Cured by one dose of ^{cm} (Fincke).

9. *Baryta acetica*. Feeling as if the food passed over a sore place in the stomach. Cured by an olfaction of ²⁰⁰ (Leipzig).

10. *Sarsaparilla*. Feeling of faintness was removed by one dose of ¹⁶⁰⁰ (Jenichen).

11. *Lachesis*. Feeling of obstruction in throat on swallowing, *every other day*, first on right side, then all over. Cured by one dose of ^{cm} (Fincke).

12. *Lachesis*. For three or four weeks heat and smarting in *left* throat, with hoarse voice; symptoms come on *every day* about 11 P.M., are *worse on waking* in morning, and go off about 11 A.M. One dose of ^{cm} (Fincke) in morning. No return.

13. *Phosphorus*. For an hour, roaring in head and right ear, worse by lying on left side, better by lying on right side, with headache. One dose of ^{cm} (Fincke) *relieved* the noise in five minutes, *removed* it in ten minutes, and relieved the headache, but did not cure it.

14. *Sulphur*. Nov. 23d, 1871. Mrs. —, for last two monthly periods the blood has been dark, of putrid smell, in clots. *During* period feels hot all over; swimming in head; head feels inclined to fall forward; loss of memory for what she is about to do; objects seem white; disagreeable dreams of people running after her. *After* period feels very weak.

Diagnosis. *Objects seem white* (according to my Mss., Eye Repertory) Alum., Amm. carb., Bellad., Cannab., Caustic., Chelid., Chin., Digit., Erythrox., Gratiol., Kali, Phosph. ac., Plumbum, (Ran. bulb.) Sulphur, Staphis., Sarracenia. *Head feels inclined to fall forward* (according to my Mss. Head

Repertory) Baryt., Calc. ac., Cuprum, Hippom., Lepid., Natr. mur., Opium, Paull., Phosph. ac., Plumbum, Sulphur, Sarsap., Tabac., Thuya, Viola tric., Vitex.

This reduces the list to *Phosph. ac.*, *Plumbum* and *Sulphur*.

The offensive odor is only found under *Sulphur*; the clots only under *Phosph. ac.*

Sulphur has heat during period (Bœnninghausen's Fever). One dose of ^{cm} (Fincke) was given on 24th as menses were ceasing.

Dec. 22nd. Menses returned *six days late*, less odor, less dark, no clots, none of the other symptoms.

Jan. 20th, 1872. Menses natural.

24th. This morning had a creeping all over body for three or four hours, making her walk about.

March 1st. Remained well till menses returned on Feb. 25th, clotted, dark, putrid, followed by weakness, but with none of the other symptoms. This occurred after a fright and taking a cold foot bath.

Sulphur ^{cm} (Fincke) one dose to-day (after menses).

13th. Since 8th, pimples on body, first on back, especially under left scapula, then in front of body, to-day on face. They itch most when undressing, making her rub them; rubbing makes them tender and discharge a watery fluid. Menses returned naturally next time, and there has been no return of the symptoms to this day, August, 1872.

N.B.—Under *objects appear white* the Cypher Repertory only gives *two* medicines, *Digit.* and *Gratiol.*

15. *Sulphur*. Itching of anus after stool. Cured by one dose of ^{cm} (Fincke).

16. *Calcarea*. Visions of faces, persons, when eyes are closed. Cured by one dose of 107^m (Fincke).

17. *Sulphur*. Sharp pain at anus during stool, and aching after stool. Cured by one dose of ^{cm} (Fincke).

18. *Rhus tox.* Sweat in second sleep for a month; aching in glans penis; after urination a few drops escape (in secondary syphilis). Cured by one dose of 200 (Lehrmann), and a few doses of 3d which patient took on his own account.

N.B.—This case shows the disadvantage of allowing patients to know what they are taking. If this patient had not known it he would not have interfered with the action of the high potency, which had caused a marked improvement before he took the lower one.

19. *Staphysagria*. On putting feet to ground, pricking in

balls of feet, as if it would draw toes down. Cured by one dose of 200 (Lehrmann).

20. *Conium*. A young man after over study had feeling at times of a foreign body under skull in vertex; better *during* reading, worse *after* reading; worse on going to sleep, or from excitement, or thinking of the pain; better by touch. The relief *during* reading seemed to arise from the mind being directed from the pain; clicking noise in left vertex on walking and during stool, also in occiput on walking, especially in evening when tired. Cured with one dose of 3^m (Jenichen).

21. *Anacardium*. Vertigo on stooping and rising from stooping, as if he were turning round to the *left*; *with* the vertigo dim sight; for four or five weeks drawing pain in cardiac end of stomach on walking fast. Cured in two or three days by one dose of 200 (Lehrmann).

22. *Calcareo*. Feb. 13th. Master —, æt. 7, has had for four or five weeks eczema on various parts of hairy scalp. The scabs are thick and bleed when picked; they itch a little. They have been increasing for a month. Two glandular swellings at back of neck. One dose of 107^m (Fincke).

April 27th. Scabs at once ceased to increase; fell off in a short time, except the largest, which is now quite dry and smaller. The hair has grown where the scabs were, and the glandular swellings are gone. Soon quite cured. Has not returned to this day, August, 1872.

23. *Natrum mur*. On each side of upper forehead below the hair, a round, slightly scabby patch, with red areola; it itches (herpes circinatus). In a boy. Cured by one dose of 1^m (Jenichen).

24. *Teplitz*. A boy took one dose of 200 (Jenichen). Formerly he would not eat meat; now since the dose he likes it.

25. *Phosphorus*. A girl, æt. 22, had had for two weeks weight and throbbing in forehead on waking, better by cold washing, worse on stooping, sometimes lasting all day. For two or three weeks, on turning round, vertigo as if she would fall, as if she was revolving.

Diagnosis according to my Mss. Head Repertory.

Vertigo as if revolving: Anac., Angust., Bryon., Gratiol., Moschus, Phosphor., Tepl., Tilia.

Vertigo on turning round: Agar., Amm. carb., Calcar., Fluor. ac., Ipecac., Kali, Kreosot., Mercur., Natr. mur., Phosphor., Therid.

Heaviness in forehead on stooping: Bryon., Carb. an.,

Coloc., Fluor. ac., Lauroc., Nux, Phosphor., Petiv., Rhus, Rhus ver.

Throbbing in forehead on stooping: Arnic., Asar., Baryt., Berber., Kali bich., Pulsat.

Weight in forehead relieved by cold: Bromium, Phosphor.

Throbbing in head relieved by cold: Phosphor.

Accordingly one dose of Phosphor.^{em} (Fincke) was given, and the patient was well in four days.

REVERSE ORDER OF SYMPTOMS IN CURES.

BY SAMUEL SWAN, M.D.

LYCOPODIUM has "tearing in the head for forty-eight hours, ceasing after the appearance of a painless swelling of the face."

A patient presented himself with a swelling at the root of the left upper canine tooth, with painless swelling of the cheek. As the tooth was dead it was supposed an ulcer was forming.

Gave Lycop.^{1m} (Fincke), one dose, the indication being, *swelling between the upper gums and the malar bone, with some swelling of the cheek.*

On rising in the morning he found that the swelling had disappeared, but he had a *violent headache with throbbing on the top of the head.* This was very unusual for him, being remarkably free from headaches. Concluding that it was an aggravation, I gave Lycop.^{10m} (Fincke), and the headache was entirely relieved in an hour.

Here was a symptom reversed. The painless swelling of the face first, and when that disappeared comes the pain in the head, which, in the proving, preceded the swelling.

In curing the swelling with an overdose of the drug, that part of the symptom which belonged to it made its appearance after the swelling had ceased. Whether it would have done so had a less powerful dose been given, remains to be proven.

It would be interesting if observers would note, in cases of medicinal aggravation, especially with the high potencies, if symptoms appear which, in the order of their appearance in the proving, preceded or followed the characteristic symptom for which the drug was prescribed.

It may thus be ascertained if the sequence of the symptoms is of any value.

In addition to this case I would mention that in twenty-four hours after taking the medicine he developed in a great degree the *Lycopodium* flatulence.

COLLEGE OF DRUG PROVERS

DISCUSSED IN THE AMERICAN INSTITUTE.

AT the late meeting of the Institute at Niagara Falls, the time allowed to each speaker in the discussion of a subject being but *ten minutes*, I could not reply in detail to those speakers who brought forward objections to my plan for a National College of Drug Provers. I exhausted my ten minutes in an argument, showing the kind and extent of information regarding drug influence required under the homœopathic law, the lamentable failure of the current modes of obtaining such information, and the consequent necessity of the proposed institution, with its faculty, its provers and its diagnostic tests. As most if not all who listened to the objections stated in the Institute are readers of this *Monthly*, I here submit my replies for their consideration.

Dr. Lilienthal.

DR. S. LILIENTHAL declared my plan *utopian*, and yet failed to adduce a single fact or argument in support of his assumption. The time has long since passed by when such a declaration unsupported by proofs can be considered as settling the merits of anything. The history of human discoveries and improvements, especially in the present century, should make any man professing to be a scholar, cautious how he places himself upon record in opposition to a project, simply because it is new to him.

If Dr. Lilienthal is satisfied with the kind of provings heretofore and even yet being made here, there and everywhere, by Tom, Dick, and Harry and Lucy Jane, I would not object to his having their fruits in any form he may desire: in original records, tissue, regional or comparative arrangements: in repertories, epitomes or key-notes, seasoned to suit with clinical verifications and characteristics; but when he would place opprobrium upon a better method of making provings, one in keeping with the demands of the age, the spirit of experimental inquiry and the possibilities of human achievement, by the epithet *utopian*, he leaps backward, at a bound, among the old fogies and laggards of science, who meet all proposed improvements not original with themselves, with a wise shake of the head, a shrug of the shoulders and the ejaculation of "pshaw!" A species of opposition based upon anything else than facts and logic.

What can there be in my plan that is utopian? If the provers heretofore at work, many of them poorly qualified, unfavorably situated, without competent direction, with few or no tests for the examination of objective symptoms, have pursued a plan satisfactory to Dr. Lilienthal, why may not selected provers, all located at one place, under most competent direction, supplied with all the available tests or diagnostic means of modern science, do the same work more perfectly and satisfactorily? What is there fanciful, chimerical, *utopian* in the undertaking?

If money has been given to endow colleges which only teach what has been elsewhere discovered, why may and should it not be given to endow an institution that shall *originate* as well as disseminate human knowledge?

No, sir! A College of Drug Provers is in no sense utopian: and I confidently predict that before the end of the nineteenth century, one will arise to confirm all that I have said in its favor, and to cast shame upon all who have deliberately thrown obstacles in its way.

Dr. Lilienthal said, "it is impossible to find provers who are absolutely healthy."

I have never asked for such and never expect to find them; but I do ask for such as are not so far diseased as to require medical treatment, especially with such fearful ailments as "hydrophobia, epilepsy," etc. I would have the provers so far healthy as to be fairly representatives of the human race in a state of health, so that their symptoms while under drug influence could be safely called *drug effects*.

The doctor also said, "our patients are provers." True enough, but not the kind to afford us the effects of drugs "upon the healthy," such as may constitute a *Materia Medica Pura*.

And he said, "trivial symptoms are sometimes the corner stones of our materia medica." I cannot see how this sage observation is to be regarded as an objection to my plan, unless by "trivial symptoms" is meant such as have no foundation in fact, for I have not advocated the casting away of a single drug symptom, however apparently trivial and unimportant.

In the exuberance of the doctor's all-embracing enthusiasm, he exclaimed: "I would have every man and every woman a prover of drugs."

In the name of all that is true in science and useful in the arts, I ask if homœopathy has not long enough endured the

looseness and corruptions fostered by such a zeal? Its materia medica to-day, taken as a whole, is much like an immense pile of drift wood brought from all quarters upon the spring tides of a hundred streams, whose accumulated timber and lumber, and rails and posts, and stumps and rotten logs, and stalks and weeds and roots, are regarded by those in possession with so peculiar a veneration and such a feeling of uncertainty as to what may be valuable and what worthless, that no earnest effort is made or encouraged to separate the rubbish from what may be needed by builders and mechanics of all descriptions, from day to day.

In the conglomerate pile are pieces of timber squared and hewed with precision, fragments of rafts from distant mountain streams made up of planks and boards, logs and rails sound and useful for many purposes, and well shaved shingles, all telling of hidden value in the shapeless mass.

And yet what would be thought of the good sense or sanity of any large builders who should declare that they have no use for mills with improved saws and planers conveniently located and able to furnish on demand all timber and lumber needed clear of rubbish, preferring altogether the old ways and the "drift-wood" of the hundred streams, satisfied on all occasions to gather therefrom such material as they may need in the prosecution of their business?

Would not the wise builder say, "I will dig out, even with great delay and expense what I need now, holding myself ready to aid in the establishment, as soon as possible, of convenient mills with sufficient capacity to furnish promptly and with exactitude what I require?"

Dr. Wells.

DR. P. P. WELLS, who had been a "student of materia medica for thirty-five years," thought "the imperfections of our materia medica were *cheap to talk about*."

Intended as an argument against the plan for a College of Drug Provers, and in reply to my earnest appeals in behalf of a more thorough proving of drugs and correct notation of symptoms, such a remark shows a lack of discrimination not creditable to a student of thirty-five years experience.

It is one thing for those who would check the progress of homœopathy, who believe nothing in its law and nothing in its practice, to hold up the imperfections of its materia medica to the scorn and derision of the public, and quite another for

one who has, for nearly twenty-five years, been a faithful practitioner and advocate of homœopathy, and a teacher of its *materia medica* in the oldest homœopathic college in America; to speak of the defective methods and means employed in the proving of drugs and the consequent imperfections of the *materia medica* in a meeting of his brother practitioners, his sole purpose being to stimulate them to aid in the inauguration of better methods and the use of better means for the promotion of homœopathy.

Dr. Wells asked, "why re-prove our old remedies? a truth once is a truth always."

The ancients, even the most learned amongst them, said the sun moved around the earth, and their statement was considered "a truth."

In astronomy, a multitude of similar "truths" disappeared when Newton's law of gravitation and Herschell's telescope carried the eye and the pencil of the mathematician into the heavens.

And in chemistry, what an upsetting of old "truths" has occurred since the advent of the microscope and the spectroscope.

The doctor should know by this time in life, that there are *absolute truths* and *apparent truths*, and that very few of the former are known in medicine or any other department of experimental and progressive science. There are many deductions from facts or supposed facts, for a time called "truths," which are afterwards found to be no *truths* at all.

If the "truths" in *materia medica* to which he refers are absolute or fixed, re-proving the drugs to which they refer can only make them the more prominent and distinct from the "untruths" with which they are now sadly mixed; and if they are only *apparent truths*, the sooner they are thoroughly and properly tested the better for all concerned.

Dr. Wells seemed much exercised by a fear that in the establishment of a Provers' College, and in the re-provings of our old remedies, we would "cast away" what he had been so long studying, and what he had relied upon in fighting so many therapeutic battles.

If he had read my plan carefully or listened to my explanations of it, he would have discovered no ground for such a fear.

Nothing true and good can be lost, but the rubbish may and should be cleared away.

Dr. Wesselhœft.

DR. C. WESSELHÆFT considered "the re-proving of our remedies impossible" in this country, at the present or any future time.

It must seem very strange to the reader of the history of our materia medica to be told that during a period of seventy years, the at first small and scattered and then slowly increasing band of practitioners and friends of homœopathy should be able to make provings of so many drugs and in so exhaustive a manner, that the six thousand physicians in America, with all their friends and students and accumulated experience and wealth, may not, by an organized systematic effort, re-prove the same in all coming time.

I doubt not Dr. Wesselhœft agrees with me perfectly as to what *ought to be done*; but he seems to fail in the expectation of its accomplishment.

No one who considers the subject for ten minutes can fail to see that when twenty provers are to test a drug, they can do so more intelligently more carefully and more effectually when gathered in one place, under the direction of a competent faculty and with every needed diagnostic test, than when scattered all over the land, under no uniform rules or instructions, and with few if any means for the critical examination of their objective symptoms, morbid products, etc.

The great difficulty in the way seems to be the lack of funds necessary to maintain the College in which the provers are to be gathered. Let the friends of homœopathy in the leading cities of this country, be as active in raising funds for such an institution as they have been in New York and Boston in raising funds for their local institutions, their colleges for the education of students, and Dr. Wesselhœft would soon realize, what I am sure every true friend of homœopathy would rejoice to see, the proving and re-proving of all the drugs worthy of it going successfully on in a noble institution well endowed for the purpose.

Dr. Sanders.

DR. J. C. SANDERS objected to my plan, "that in the College if located as it must be at any one point, the symptoms elicited could not apply to universal physiological life."

Were this objection of any validity, it would put us in a sad plight in regard to our present materia medica, for it must be well known that many of our remedies were proved

altogether in Europe, some in England, some in a single country of Europe, some alone in South America, some in North America, and not a few in a single State and County of North America.

The doctor's second objection was, "that the faculty, consisting of twelve or twenty-four professors, could not be considered sufficiently representative of universal man to make their experiences generally applicable."

I suppose the doctor was referring to the professors as so many provers.

This objection, if good for anything, is a convincing argument against the reliability of our present materia medica, and in favor of my plan for its improvement.

It must be well known that there are remedies in our materia medica to-day that have had but *one prover*, some that have had only two, and very few that ever had a dozen.

If then, provings made by twenty-four men and women, well informed, well directed and noting their symptoms carefully, are of doubtful value, what must be said of the provings upon which Dr. Sanders now relies for guidance in the selection of his remedy? Can one prover, or two, or three, be more representative of the whole race than *twenty-four*?

And if, as the doctor so energetically stated, no one dares to "lay the pruning hook or the knife on a single symptom" in the vast medley reported to us by single provers and double and triple provers, from various parts of the earth, how exceedingly valuable and sacred would be the symptoms recorded by *twenty-four* selected provers?

In all the discussions upon the subject of a College of Drug Provers, in the Institute and out of it, not a single valid objection has been offered as to the *necessity* of such an institution, its *feasibility*, nor the *excellence* of the work it would do.

All have acknowledged the defectiveness of our present Materia Medica, and the urgent necessity for its improvement in one way or another.

Some few book makers, proprietors of considerable piles of "drift-wood," have appeared as active objectors, through motives not altogether disinterested and unselfish.

Some weighed down with veneration for the "drift-wood" proprietors, afraid to doubt their infallibility and the correctness of their teachings, have been objectors of a type very little less active.

Some conservative brethren, always profoundly regardful of the present status of things, convinced that the forward

step should be taken, have been held back and led to give "faint praise," more from lack of moral courage than real conviction.

Some hampered by college schemes or journalistic ties, in their deepest judgments strongly favoring my plan, fear to give it open and honest endorsement, lest the shadow of some gaunt spectre from the realms of old fogyism may fall across their pathway, and disarrange some pet project of selfish bearing.

Many have not read or thought upon the subject yet, and so express no opinion; while not a few, always sensible of the grave imperfections of the *Materia Medica*, always hoping for something better, comprehending at once the superior value of provings made in an institution organized and managed as I have proposed, have spoken out manfully and honestly in its favor.

So far as I am individually concerned, I will here say that it makes no more difference to me than to any other practitioner under the homœopathic law, whether my views and plans are carried out or not by the profession.

I can get along with the old *Materia Medica* as well as others can, in practice; and will try to bear the odium of its glaring faults as well as they, before an enlightened public.

In the establishment of a Provers' College I have nothing to gain individually that would not be gained by every other physician who might avail himself of its publications from year to year.

I seek no position in its faculty, but simply crave the privilege of contributing liberally to its support.

I have little patience and no flattering regards for those who, through self-interest, would prevent so great a forward step in the perfection of homœopathy, nor for the ritual-loving, conservative, scheming or timid brethren who would let it fail by willing or careless neglect.

I have spoken boldly of errors, earnestly for truth, and shall not cease to speak and work right on, whoever and whatever may result.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY. The members of this Association should bear in mind the forthcoming meeting in Philadelphia, as previously announced in the *Monthly*. The Secretary informs us that there are goodly promises of a large attendance and of valuable papers. Three County Societies have promised competitive papers for presentation to the American Institute of Homœopathy. The circular of the Secretaries will shortly be issued.

NOTABILIA.

BY BUSHROD W. JAMES, M.D.

THE NEW DIAPHORETIC, JABORANDI.—The leaves and little twigs of the plant are broken up, and from four to six grammes infused in a cupful of warm water. The infusion may be taken warm or cold, and in about ten minutes after administration the patient breaks out into a violent perspiration, which continues for four or five hours, and which is so thorough as to necessitate several changes of linen. At the same time a most abundant flow of saliva is promoted—so abundant, says M. Gubler, that speech is rendered almost impossible. He asserts that he has known patients eject *more than a litre* in less than two hours. Occasionally has induced diarrhoea. Its action is more rapid and thorough if taken warm and if the patient is well covered up in bed, but its effects are none the less certain under quite contrary conditions.

According to Professor Baillou, the plant belongs to a species of the rue family, the *Pilocarpus pinnatus*. Jaborandi, it seems, is the Indian name for the plant.—*Med. and Surg. Reporter*.

TEMPERATURE IN PNEUMONIA.—Dr. G. W. Balfour, in an address quoted in the *Edinburgh Medical Journal*, is inclined to agree with Wunderlich, who holds that in pneumonia temperature is not of much importance. He recognizes three types of pneumonia in adults, excluding catarrhal pneumonia and bronchi-pneumonia.

First. One in which the temperature rises with suddenness and falls equally suddenly. In this embolic or oedematus form no treatment was needed. Second. One in which a sudden rise is followed by a high average temperature for five or seven days, and then a sudden fall. This, he believed, can be cut short by treatment. Third. One in which a gradual rise, extending over three days, is followed by three or four days of high temperature and an equally gradual fall. In this he believed treatment was also useful.—*Med. and Surg. Reporter*.

BAD PROVERS.—The following case illustrates the importance of old-school physicians proving remedies on themselves before using them on their patients. A case of Bright's disease for which a bath was used is reported as follows:

“The patient, having had the clothing removed and been

enveloped in blankets, was placed upon a chair with a hole in the seat. Beneath her was suspended a tin vessel containing the turpentine, and under it was placed a spirit-lamp. The chair was covered with blankets and the lamp lighted. In a few minutes the patient sprang from the chair, exclaiming that she was on fire; simultaneously an explosion occurred, disseminating the ignited fluid about the chamber.

The young lady was terribly burned in the region of the nates and thighs. She suffered excruciating agony during the three succeeding days, when death relieved her. The authors of her sufferings stated that they regretted exceedingly the unfortunate accident; that it was an experiment they had never before tried, but from which they had hoped good results; that the small quantity of vapor with which she had come in contact had *already greatly benefited her kidneys*; and that the accident did not materially affect the result, since her case was hopeless."

How much better it would have been for both these doctors to have tried the experiment on themselves first!

SYMPTOMS OF FRACTURE OF THE BASE OF THE SKULL.—MR. FOSTER, of Guy's Hospital, relates the following symptoms, placing them in order of relative importance:

Escape of clear fluid from the ear; sub-conjunctival ecchymoses, if the fracture be in the orbital plate of the frontal bone; greater or less disturbance of the mental functions, generally on the side of diminution rather than excess of function; pressure symptoms, such as paralysis, bleeding from the ear, deafness.

Of these only the first is unfailing. If there is no mistake about it, the diagnosis is certain, but care should be taken that a serous fluid is not cerebro-spinal.

The value of any one of the others will vary according as it is very marked, or is associated with one or all of the remaining symptoms.

Considering the question of fatality in fractures of the base of the cranium, it is said: A patient having all of a set of symptoms will die; one with less will get well. There is no peculiarity about the nature of the fracture, but the patients die in nine out of ten. Firstly, because the brain is so bruised that it is incapable of keeping up the requisite functions. Secondly, because inflammation extends to the membranes of the brain. It is probably quite possible to fracture the skull without injuring the brain, provided no great amount of con-

cussion be imparted to that organ by the injury, just as a steam hammer will crush a nut without injuring the kernel. Thus, the skull being alone fractured, we might expect bleeding from the ear, and even cerebro-spinal fluid, without any brain symptoms, at any rate during the early days following the injury. If, after the fracture of the cranial bones, much new bone for repair was formed, secondary dangers from surface inflammation and surface irritation might follow; but the fact is, hardly any new bone is produced in the skull except a slight surface bony casing along the line of a fracture, and a bone cement between the two adjacent fracture edges. If, then, we get a fracture of the base without brain bruising, we may reasonably expect such a case to get well with no further symptoms. It is quite possible that a certain proportion of cases of hemorrhage from the ear are from this kind.

THE FRENCH PRIZE FOR A CERTAIN SIGN OF DEATH.—One hundred and two essays were sent in, but none were deemed worthy of the prize.

The second was divided between six competitors. Five hundred francs were given M. de Cordul for his observation on the effects of the flame of a candle on the pulp of the finger. As long as life persists, this burn produces ampullæ filled with serosity, while when life is extinct they contain nothing but vapor. The condition of the eye has long been constituted a sign, and of late the disappearance some hours after death of the dilating power of *Belladonna* and of the contracting power of *Calabar bean* has been noted.

M. Larcher has been rewarded with a recompense of five hundred francs, for discovery in the eye of what he regards a new sign of death. As a result of the examination of nearly nine hundred subjects, he has observed that a certain sign of death is the occurrence of a shaded and grayish spot, first at the outer portion of the sclerotica, and gradually invading its whole surface. It is a sign of local decomposition which precedes general decomposition by several hours.

M. Poncet also receives an honorable mention for a sign as positive and more rapid in appearance, viz., a general decoloration of the fundus of the eye, this changing from the intense red seen by the ophthalmoscope during life, to a yellowish white.

M. Molland, one of the official municipal verifiers of death, has obtained two thousand francs of the prize, in consequence of his observations concerning cadaveric lividity of

dependent parts of the body, made in sixteen thousand subjects. From these he concludes that such lividity is a constant sign of death, which is of the more practical value as it generally appears very soon after death.

For investigation as to the temperature of the body after death as a sign of death, M. Bouchert and M. Linus have each received one thousand francs.

VIBURNUM OPULUS. *A New Remedy for Dysmenorrhœa.*—"In my treatment of *spasmodic dysmenorrhœa*, for which variety the remedy is specifically indicated. I prescribe the tincture or first to third dilution, a few drops three times a day for a week previous to the expected period. When the pain sets in give it every hour, or every fifteen minutes if the pains are severe. It is equally useful for the severe false pains preceding normal labor and which often render the woman's life a torture for weeks. It is of great value for after-pains, and a dose should be given after every pain. Cramps in the *abdomen and legs of pregnant women* are controlled very quickly by it. It will prevent miscarriage if given before the membranes are injured and when the pains are spasmodic or threatening. I have not tested it sufficiently in spasmodic affections of other organs, but predict that it will prove useful in spasmodic conditions of all *hollow muscular organs* and their muscular connections. Nor have I decided whether it acts on the muscular tissues directly, or indirectly through the motor nerves."—*American Observer*.

OBSERVATIONS ON *ÆSCULUS HIPPOCASTANUM*.—"The characteristic symptom, or key-note, for the employment of *Æsculus*. I have found to be throbbing in the abdominal and *pelvic* cavities, especially the latter, Hence it is especially indicated in all active intra-abdominal and pelvic congestions. I have prescribed it with invariable success in all cases of congestion and inflammation of the neck of the uterus attended with the above mentioned symptom. Nor is it necessary to use the remedy very low. One drop of *Æsculus*⁶ three or four times a day, has cured in my hands the most inveterate cases of inflamed cervix uteri when not complicated with ulceration, and has greatly relieved, and sometimes cured, similar cases attended with retroversion, prolapsus, ulceration, enlargement and induration, when characterized by great tenderness, heat and throbbing."—*American Observer*.

PUBLICATIONS RECEIVED.

ON THE UNIVERSALITY OF THE HOMŒOPATHIC LAW OF CURE. By C. Neidhard, M. D. Second Edition. *New York and Philadelphia.* Boericke & Tafel. Pp. 37.

This is the title of an address delivered by Dr. Neidhard before the Rhode Island Homœopathic Medical Society, twenty-two years ago, and repeated, with revisions and additions, before the class of Hahnemann Medical College of Philadelphia, in 1872. The object held in view by the author is to prove the universal applicability of the homœopathic method to the removal and cure of all diseases of body and derangements of mind, by medicinal or any other means, or, in other words, that *similia similibus curantur* formulates a universal curative principle. The author sums up his views in the following propositions: 1. "That the homœopathic law is not merely a rule devised by man, like allopathy, hydropathy and other methods, but a divine law of nature. It is and was practiced unconsciously by physicians and the people from time immemorial, long before Hahnemann proclaimed it to the world, and will be practiced to the end of all times." 2. "That all the greatest powers of nature are of the most subtle kind, but must have some affinity to man or his diseases, in order to produce a powerful and striking effect." 3. That both being thus related to each other, the dose must be necessarily small, and consequently the law '*similia similibus*' (*curantur*) and the homœopathic dose must stand or fall together.

We commend this brochure to the attention of our readers as an interesting and valuable contribution to the argumentative literature of our school. At the same time we here express sincere regret that the learned author,—a man of large experience, a keen observer, and a ready writer,—contents himself with the re-publication of an old address, however meritorious, instead of furnishing new food for thought from the storehouse of his years of garnering. Let those who *can*, help to realize the prophecy of Jean Paul and hasten the coming of that other period of time "when it shall be day."

TRAITEMENT HOMŒOPATHIQUE DES MALADIES DES ORGANES DE LA RESPIRATION. Par le Dr. A. Chargé. *Paris*: J. B. Baillière et Fils. 1874. Pp. 454.

THE PHYSIOLOGY OF MAN; DESIGNED TO REPRESENT THE EXISTING STATE OF PHYSIOLOGICAL SCIENCE AS APPLIED TO THE FUNCTIONS OF THE HUMAN BODY. By Austin Flint, Jr., M. D., etc. VOLUME V. SPECIAL SENSE; GENERATION. Pp. 517. *New York*: D. Appleton & Co., 549 and 551 Broadway, 1874.

The above valuable works will receive due consideration in the October number of this journal.

EDITORIAL NOTES.

A MONSTROUS VERDICT. On Sunday, August 16th, about 3 o'clock in the morning, a man in a condition of intoxication fell from a fourth-story window to the sidewalk, suffering a compound comminuted fracture of the femur, a piece of the bone about three inches long having been picked up by a police officer. He was at once taken to the hospital of the Hahnemann Medical College. In the even-

ing, between 9 and 10 o'clock, Dr. C. M. Thomas amputated at about the lower third of the thigh. The patient came from under the influence of the chloroform, when he began to sink rapidly, and died about 1 o'clock on Monday morning. A Coroner's Inquest was held, and the jury rendered the following verdict: "The said James Culliman came to his death, August 17th, 1874, from the combined effects of shocks received by a fall at No. 1917 Market Street, August 16th, 1874, and from the amputation of his limb performed at the Homœopathic Hospital. *In the opinion of the jury, the delay of the physicians in charge of the hospital, in their application of medical treatment to the deceased, is in the highest degree censurable.*"

Dr. B. F. Bronson, the resident of the hospital, testified that Dr. Macfarlan, the Chief Surgeon, was absent, that a capital operation could not be performed without his advice and consent, that Dr. Macfarlan telegraphed from New York that he would not return until Monday, that he thought the condition of the wounded man did not require immediate attention, that between 9 and 10 o'clock in the morning he seemed to be in good condition, the flow of blood had stopped, the patient's temperature was normal, he was placed in a comfortable position, that he saw the patient through the day and that he said he suffered no pain and felt "first rate." Dr. C. M. Thomas testified that he saw him at 10 o'clock on Sunday morning, "the condition of the patient was good and he seemed cheerful," saw him again at 2 o'clock, saw him again in the evening "*and found it impossible to save the limb,*" and then amputated; "he must have lost considerable blood before his arrival at the hospital and during the operation," and in his opinion the cause of death was the "shock" from the injury with the "shock" of amputation super-added. In the face of this testimony, this wise jury, without themselves being surgical authorities, and without consulting the opinions of experts, unhesitatingly charged those who took care of this man with censurable carelessness, neglect and malpractice. A jury of surgeons would hesitate to give a verdict in such a case, but "fools rush in where angels fear to tread." A jury of surgeons would not be all of one mind whether it would be best to amputate at once in a similar case of injury occurring even on the field of battle, but these laymen have no difficulty in arriving at an opinion. Or was there, perhaps, a *vis a tergo*, pushing them on to strike a foul blow at "the homœopaths," a mighty authority who gave them their "opinion," as Mrs. Bagnet gave her husband his. We know nothing whatever of the management of this hospital, but this we do know, that the above verdict is an outrage on common sense and common decency. "But is this law?" said the first grave-digger to his mate. "Ay, marry is't;" quoth the second holder up of Adam's profession, "Crownor's-quest law."

PUT-IN-BAY. Quite a great deal too much is being foolishly written and spoken against holding the next session of the American Institute at Put-in-Bay. The Institute when in session at Cleveland voted to hold its next meeting at Niagara Falls, as a step in the direction of abolishing the expensive entertainments given by the physicians in the place of meeting. The success of the Niagara Falls meeting in every respect was a grand endorsement of the wisdom of these who had championed the experiment. The place of meeting in 1875 was due to the West, and the selection of Put-in-Bay was made by Western men, the object of all present at Niagara being to please the West. The Executive Committee of the Institute were

constituted the Committee of Arrangements, and authority was given them to change the place of meeting for *good and sufficient cause*. The Executive Committee, through its executive officer, the General Secretary of the Institute, has been making diligent inquiry in the matter of holding the next meeting according to adjournment, with the following results, thus far: First. Put-in-Bay is declared to be a delightful place of resort, easy of access from all parts of the country, with ample accommodation for a very large number of guests, and liberal hotel proprietors who are willing to make heavy deductions from the ordinary charges—in fact, just the place to quietly hold a scientific convention. Second. A large number of prominent Western physicians who have been consulted, have pronounced unanimously in favor of Put-in-Bay as the place of meeting. The Institute cannot afford to be dragooned into going here or going there by any man or set of men, but let the Executive Committee be advised, through the General Secretary, of any good reason (if such there be) why the meeting should not be held at the place appointed, by a respectable number of Western members, and our word for it, the place will be appointed *to please the West*.

THE HOMŒOPATHIC HOSPITAL IN MADRID.—American homœopaths are apt to take glory to themselves for the wonderful progress the system of Hahnemann has made in this country, and to correspondingly underrate the advancement made among the nationalities of Europe, forgetful that our progress here is due to the liberty we enjoy, and to our free institutions, and that the more tardy progress there is attributable mainly to the conservative immobility of the peoples and their governments. And yet we are not so well informed regarding the actual condition and progress of Homœopathy in all the countries of Europe as we should be. Dr. Carroll Dunham tells us of a world of homœopathic literature in Italy, and of a large number of devoted homœopaths scattered throughout that rejuvenated land; and yet of this we knew heretofore almost nothing. Turning to Spain we there find a steady progress both in the number of practitioners and the quality and number of their patrons. The now venerable Marquis de Nunez, the pioneer of the new therapeutics in Spain, has lived to see grow up around him a large class of intelligent and able practitioners and defenders of the faith, who have met the encouragement they deserve in the patronage of the intelligent, the wealthy and the noble of old Castile. Dr. Nunez has had in his mind for a long time the erection in Madrid of a hospital for the treatment of the sick poor according to the homœopathic method and for the clinical instruction of medical students and junior practitioners of Homœopathy, and has looked forward with longing eyes to the consummation of his most laudable wish. Money has been liberally subscribed (Dr. Nunez himself having given 100,000 reals), and the work has gone bravely on; but it has suffered in common with everything else in that distracted country, by the civil war, and now our Spanish brethren appeal for outside aid, in order that they may be enabled to complete their good work so auspiciously begun, and erect an enduring monument to the beneficence of the homœopathic healing art. In no better way can money be bestowed than this, and if any of our readers are disposed to contribute to this Madrid homœopathic hospital, they can do so through Dr. C. Hering, 112 North Twelfth Street, Philadelphia, and their contributions will be properly acknowledged by the authorities of the Hospital at Madrid.

THE MIDDLETOWN INSANE ASYLUM.—This institution, we learn, is now in successful operation, and the success attendant on the ministrations of the physicians in charge has been thus far very encouraging. There has been one death in the Asylum, from acute mania, the case having been pronounced necessarily fatal by old school physicians, and the assurance given that the patient would not live more than twenty-four hours. Nevertheless death did not take place until the fourth or fifth day. A patient was admitted from another institution, one under allopathic control, who had been regarded as a violent and dangerous lunatic, was kept chained, and was almost naked. In a short while this patient was clothed and allowed the liberty of the house and grounds, and was wonderfully improved in all respects. In the case of acute mania above referred to, where the patient would not swallow, and nutriment had to be given per anum, quiet and sleep were procured by the hypodermic injection of *Nux vomica* 30th. We understand that chloral, morphia, and drugs of a kindred nature are not used at all, and in fact are not kept in the Asylum. No doubt the prediction of Dr. Stiles, that at the next meeting of the Institute the Middletown Asylum would have an interesting and valuable report to render, will be gloriously fulfilled. We trust the profession in Pennsylvania and in other States will take courage and push forward the work of organizing and putting into operation Asylums for the treatment of the insane by the homœopathic method. A distinguished alienist of the old school has acknowledged that allopathic treatment for the insane was simple nugatory, and has stated that homœopathy has a glorious field for the exhibition of its powers.

THE HOSPITAL FAIR IN CHICAGO.—The Ladies Aid Society of the Hahnemann Hospital of Chicago, will give a grand fair in aid of that charity, in the city of Chicago, in the month of November, 1874, lasting one week. The object is to raise a fund by and through which the hospital will be made free to all the deserving poor who need medical and surgical advice, and who prefer homœopathic treatment. The ladies have certainly a noble object in view, and deserve the sympathy and substantial aid of all to whom homœopathy is dear. Donations in money should be sent to the Treasurer of the Aid Society, Mrs. R. Ludlam, 526 Wabash avenue, Chicago, Ill.

THE UNITED STATES MEDICAL INVESTIGATOR.—This will be the title of a new journal resulting from the consolidation of the U. S. Medical and Surgical Journal and the Medical Investigator. It is proposed to issue the journal monthly or semi-monthly, "as the subscribers may elect," at the rate of five dollars per year. We have no doubt about the success of the new undertaking in a financial and literary point of view. Brother Duncan will have his hands full in the management of the new "Investigator." The first number of the new journal will not appear until January next. *Success to it.*

HOW TO EDIT A MEDICAL JOURNAL.—One of our colleagues has been writing up this matter in a truthful and plaintive key. After giving the subject due consideration, we have arrived at the conclusion that the only plan likely to give satisfaction to everybody will be to issue with blank pages and a notice to each subscriber to fill in to suit himself. One wants "discussions," "they are practical and valuable;" another damns the journal because it contains so many society-reports and discussions; one wants long papers while others can tolerate none but short ones; one man thinks perfection is reached when Drs. A. B. C. jerk out short sentences in the oracular style,

which resemble the jerks of ancient oracles by their obscurity. Another prefers the well padded papers, replete with rounded periods and scientific nomenclature, of Dr. D. In fact one wants soup, another fish, a third meat and potatoes, and a fourth dessert; while all are agreed in being dissatisfied with the poor editor's *olla-podrida*, which he serves up, as best he can, from the odds and ends that come to him and escape the gaping waste-basket. Come, gentlemen, let us have grace before meat and less *sauce piquante* in the way of growling; and if you want more savory viands served up monthly—the high-seasoned dishes of Simoustapha—provide the materials, and the editor, as *chef*, will dress them and dish them according to the best of his ability. The editor's work is a labor of love—not of pay—in the homœopathic school at all events, and if you don't feel like giving him praise for what he tries to do for you, be assured that he will not get gray nor bald sooner, nor do his work with less ability and cheerfulness, if you do not scold at him.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.—The twenty-third semi-annual meeting of the Homœopathic Medical Society of the State of New York, will be held in Syracuse, September 8th, 1874. A number of valuable papers are expected to be presented, and some important business concerning the welfare of homœopathy in the Empire State is to be transacted. So we are informed by the excellent Secretary, Dr. Frank Vincent, of Troy, N. Y.

OBITUARY.

GEORGE N. EPPS, M. D.—This distinguished homœopathic practitioner died at his residence in Devonshire Street, Portland Place, London, on the 28th of May, in the 59th year of his age. He was the author of several works, as follows: *Spinal Curvature; its Theory and Cure; The Treatment of Accidents; On Club Foot; On Cholera*, etc. He was for thirty years a consistent and faithful adherent of the homœopathic system. The deceased was a brother of the late Dr. John Epps, and his son, Dr. Washington Epps, is one of the medical officers of the London Homœopathic Hospital.

DR. JULIUS ÆGIDI.—The *Internationale Homöopathische Presse* publishes an obituary notice of this venerable physician, who died May 11th, at Freienwalde, Germany, in his 79th year. He was one of the earliest disciples of Hahnemann, having been converted to his principles by the relief he obtained from a chronic difficulty at the hands of the master. He was a frequent contributor to homœopathic literature, most of his papers being of a highly practical character. He was at one time physician to the Princess Frederika, of Prussia, and practiced in Düsseldorf, Königsberg and Berlin. He was highly esteemed by his professional brethren and a large circle of patients.

MARRIED.

KNERR—HERING.—At the Church of the New Jerusalem, Philadelphia, on Wednesday evening, August 19th, 1874, Calvin B. Knerr, M. D., to Melitta Pauline Hering, daughter of Dr. Constantine Hering, of Philadelphia. Thus Dr. Hering, in his old age, gains a son, one too, of whom he may well be proud. Dr. Knerr is a fine young man, of excellent promise, and destined to take a high rank as a sound and able physician, and his wife is a sweet girl who has been a joy to her parents and will bring a crown of honor to her husband.

THE

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No. 3.

ON CHARACTERISTIC SYMPTOMS.

BY J. H. P. FROST, M.D.

*"Cum igitur animum ad Medicinam applicuerim, nihil quod novum vel inauditum est; sed tantum ea quæ cum praxi optime conveniunt, certa et indubitata ratione demonstrare aut ex ipsa humanæ naturæ conditione deducere, intendi."**

Those so-called characteristic symptoms of the sick and corresponding symptoms of the remedies, to which the practitioners of homœopathy attach the greatest importance, show more plainly than anything else the essential antagonism between this and every other system of medical treatment. They may be said to take the place of the "indications" of the allopaths, and, without displacing the "totality of the symptoms" for our own school, they may be deemed the *sine qua non* of that totality and the natural leaders of all other symptoms. These "Characteristics" may be prominent among the painful and pronounced conditions of the patient, and equally prominent in the pathogenesis of the corresponding remedy. Or they may be comparatively obscure, discernible only by minute and careful examination of the sick, and their counterparts in the *Materia Medica* found only by a cor-

* A very free adaptation and translation of the motto: When, therefore, I gave my mind to medical studies, I did not intend anything new or unheard of, but only to show by certain and indubitable reasoning, or to deduce from the very condition of human nature itself, those things which belong to the best practice.

respondingly careful and sometimes much more laborious research. But in the latter case, as well as in the former, such discovery and consequent complete adaptation of the medicine to the patient is absolutely essential to any radical cure. And the failure to make such cures—unfortunately far more common now than when homœopathy was in its infancy—is mostly due to the fact that in such hurried and superficial examination of the sick as is the general rule now, rather than the exception, these sometimes obscure but always indispensable conditions are apt to be over-looked, or, if noted, fail to be provided for in the hasty and imperfect study of the *Materia Medica* which follows,—such study as is but too customary, especially with those who have constant recourse to repertoires.

II. Oftentimes those symptoms which are really characteristic in the sick, from having no apparently direct relation to the pathology of the case are passed over as of little consequence, although recognized as peculiar. In other instances they are neglected because their counterparts are not readily discoverable in the *Materia Medica*. But the more singular and unusual these particular symptoms are in the sick, so much the more fundamental and important may be their relation to the whole case. While the rarer and more obscure these particular symptoms are in the sick, so much the more difficult will it be to find their analogues in the *Materia Medica*; and this from the very obvious reason, that the dynamic influences which cause natural diseases are necessarily *similar in their operation* to those which cause artificial or pathogenetic diseases. Thus it happens that the obscure, apparently unimportant and sometimes seemingly trifling symptoms which are really characteristic of the sick in any given case, are quite sure to be equally obscure and apparently unimportant, or even trifling in the pathogenesis of the corresponding remedy. On the other hand, it may be that symptoms well known and prominent in the pathogenesis of a medicine shall escape observation in the sick, either from want of careful attention or from not thinking of the particular remedy in such connection.

A good illustration of this may be seen in a case of profuse hemorrhage after abortion at three months, that came under my care when a student. The flow resisted every remedy which I could find indicated for such a difficulty: finally I introduced the tampon as a last resort, remaining with the

patient during the night to watch the result. For some hours the application seemed to do very well, and I began to flatter myself that the danger was past. But about three A. M., the flow returned with redoubled violence, and I then remembered that a similar aggravation had previously occurred at the same time in the morning. I immediately gave *Nux vom.*, which otherwise I should never have thought of for hemorrhage, and had no further trouble with the case, except being annoyed by my patient's wondering why I had not given her the *right remedy* before. And I think I have since seen this remarkable experience of mine with *Nux vom.* (which I have before reported in another paper), corroborated by that of some other physician; but where or by whom, I cannot now recall.

III. Another important consideration which should be borne in mind in the study of Characteristics is, that they do not always all appear where they might be expected. Many cases of ague I have cured with the one hundred-thousandth potency of *Eupat. perf.*, but never, until quite recently, did I, although always on the *qui vive*, meet with a case in which the chill was preceded by a strongly marked or even particularly noticeable thirst. This symptom, from the study of Drs. Williamson and Jeanes' original provings and clinical experience, I had accustomed myself to regard as decidedly characteristic of *Eupat. perf.* "Raging thirst before the chill."* "Thirst several hours before the chill."† The case in question was that of a lad who had been subject to chills for a couple of years; the disorder being from time to time suppressed by quinine, but always quickly returning. A boy æt. 8, chill daily, sometimes every other day, at 2 P. M., but not always at the same hour; is cold for an hour and a half, for a part of that time he actually shakes; *thirsty before the chill; vomiting as the chill passes off*, of food (his appetite was good all the time, and he had dined). Wants to be warmly covered when in the chill. Pain in the *pit of the stomach*, at the back of the neck, and between the shoulders. Thirst with the chill, more than with the fever. Stretches and yawns. Fever for three hours, followed by perspiration. Sweats till midnight; *cold perspiration at night*. This case reminded me so strongly of the *Eupat. perf.*, that I determined to give the one hundred-thousandth; but on reaching my office I could find of this preparation only some pellets in

* Symptomen Codex, Vol. I., p. 699.

† Ibid, pp. 699, 700.

a vial formerly belonging to my buggy-case, and of whose present efficacy I had some doubt. But being so sure of the remedy, I decided to use these pellets, in order to ascertain if they were still good. The lad received two or three doses, had a slight chill the next day, and none afterwards. Thus I at the same time determined the continued efficacy of my highly-prized ^{om} potency of Eupat. perf., and made a very gratifying cure.

Speaking of these old cases of chills reminds me of one or two clinical observations of my own, which may be useful to others. Nearly all these old subjects of ague are *coffee-drinkers*, and I tell them they never can be cured till they give up coffee. The old-school physicians do not seem to have observed this, and I have been surprised to find some homœopaths even who overlook the fact that the constant use of this beverage in ague-districts in a remarkable manner tends to predispose people to this disorder when they are free from it, and to keep it up in spite of all medication when they have it. The majority of these cases of ague have already been plentifully and vainly drugged with quinine, and it has seemed to me that some of our homœopathic remedies acted more favorably when thus following quinine, just as Kali jod. will cure cases of syphilis that have been mercurialized, and no others. At any rate the Eupat. perf., which can hardly be termed an anti-psoric, acts like a charm in the very highest potencies in those cases of ague to which it is homœopathic. We must not, however, expect to find all the characteristic symptoms even of the right remedy in any given case; for since different temperaments and constitutions are variously affected by different degrees of the morbid influence received, the usually resulting symptoms must be various in kind, different in intensity, and in particular instances may be altogether hindered from appearing.

In transcribing my notes of this case, I have been led to compare the rendering of Eupat. perf. in the new edition of Bönninghausen's Essay on Intermittent Fever.* The "General Fever Symptoms," page 28, are but indifferently given, far less accurately and forcibly than in Dr. Lippe's Text-Book, and in a manner still more inferior to the graphic picture in the Symptomen Codex. But what authority can the

* Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers. Translated with the Addition of the New Remedies, by A. Korndorfer, M.D. BOERICKE & TAFEL, 1873.

American editor have had for omitting the original pathogenetic and clinical symptom; "coldness during nocturnal perspiration* which Dr. Lippe retains, and which I have most certainly verified in the above case—and for substituting, "pungent heat attending the sweat at night," as if that were the only, or even the most prominent symptom connected with the nocturnal perspiration? Unfortunately this is not the only evidence which this remedy affords of the haste or want of competent attention displayed in the preparation of this translation "with the addition of New Remedies." On referring to Part II., "Repertory," page 118, under the head of "Thirst before the Chill," we find Arsen., Cinchon. and Pulsat. set down in large capitals; Arnica, Cina, Nux vom. and Sulphur, in italics; while Eupat. perf., which is well known to have this symptom at least as prominently as any other, serves but to eke out the baker's dozen of those deemed worthy of mention in common type only. Turning to page 120, "Vomiting," we find Eupat. perf. again in the smallest letter, and no mention made of it under "Bitter Vomiting;" when, in point of fact, its symptoms, "*Retching and vomiting of bile*," "Vomiting at the conclusion of the chill," and "Vomiting of bile," are unsurpassed in pathogenetic and clinical prominence and importance by similar symptoms of any other remedies. Nor may it be replied that the work is purely pathogenetic and not clinical also, or therapeutic, as its very title indicates, in the broader sense of the term. Such a suggestion, if offered, would be easily and entirely refuted by a careful perusal of the author's Preface to the second edition. This neglect to mark up the "new remedies" in a repertory where the greatest stress is laid upon type-distinctions, while it may evince a becoming modesty on the part of the translator, also shows that neither the "sanction" nor the "kind assistance" of Dr. C. Hering, can have compensated for his own incompetence as regards "the addition of New Remedies" to Bönninghausen's *Homœopathic Therapeia*; at the same time that it renders the work itself a *misleading guide*, by preventing these "new

* Ibid, page 28.—In "The Characteristics of the New Remedies," third edition, 1873, Dr. E. M. Hale likewise gives: "Ague and Fever, with nocturnal sweat with chilliness from motion or removal of the covering."

In this connection it is interesting to note the sum total of this invaluable remedy as stated in "The outlines of Materia Medica; Regional Symptomatology, and a Clinical Dictionary." By Henry Buck, M. R. C. S., member of the British Homœopathic Society, London, 1865: EUPATORIUM. *Vegetable Antimony*. Has been used for some kinds of remittent fever, or those resembling typhoid; also for a peculiar eruption about the scrotum and thighs. It was proposed as a substitute for bark." But this must not be taken for a fair sample of what is really a very elaborate work; which, however, is as little known in this country as, from it, the Eupatorium would seem to be in England.

remedies" (some of which are more than twenty years old) from assuming, in the estimation of the student, that comparative importance which is their just due. Superficial and incomplete medical books, poor as they are, are often "better than nothing;" but incorrect and therefore misleading works on Therapeutics are always worse than none at all.

IV. Characteristic symptoms, when once well established, may serve to enlarge the sphere of usefulness of the remedies to which they belong, either by encouraging their employment in some cases, where the accompanying symptoms were unknown or not known to correspond; or in others, where they have not hitherto been recognized as applicable to those particular forms of disease. As practice is more intelligible than precept, we will illustrate each of these two classes by an appropriate example.

Miss Alice B., æt. 11, black hair and eyes, had long been subject to attacks of ague, for which quinine had been successfully given, without, however, preventing the recurrence of the paroxysm with every new provocation. Chill every other day, at about 11 A. M., she shivers awhile, then shakes for twenty minutes. Headache. Hands first cold. Nausea as the chill goes off; *Nausea all the time*. No thirst with the chill. Chill followed by fever. Thirst with the heat. Perspiration when the fever passes off. Found her covered up on the sofa, shaking with the chill, when I visited her July 26th, 1873. I gave her blank powders to take during the P. M., and one powder of Ipecac.^{1m} (Fincke), to take at bedtime, telling her I would come before it would be necessary for her to take anything next day. Was sent for before breakfast in the morning; found her still in bed; she had passed a comfortable night, but had just been vomiting. Satisfied that this was the effect of the Ipecac.^{1m}, I gave her only a blank powder in water, to take a teaspoonful every hour, and promised to call in the evening. After tea I walked down toward her father's residence and found her out at play. Nearly a year has now elapsed and she has had no chill since; but once in a while when her sister (*in loco parentis*) finds her complaining of headache, etc., as formerly before the chill, she sends for a few powders and the danger is avoided.

Comparing this patient's case with the "General Fever Symptoms" of the New Edition of Bönninghausen already referred to, it would seem that the well known *nausea* char-

acteristic of Ipecac. had sufficed to determine the choice of the right remedy, even without the concurrence of the other conditions. In this apparent opposition I notice particularly the "chill with thirst," "chill mostly with thirst," and "heat generally without thirst,"* of this book; my patient having thirst with the fever but not with the chill. On consulting other books on *Materia Medica*, I find the same apparent antagonism with authorities in regard to this remedy, chargeable of course to the author, that his translator has fallen into with respect to Eupatorium. And the same antagonism extends also to the first edition of the author's own work, the following being all the thirst symptoms which it gives for Ipecac.: "Slight and short chills; then heat, only in the head, with thirst." "Intermittent fevers; slight chills are followed by much heat with thirst, without any subsequent sweats." "Intermittent fevers (consequent upon the abuse of cinchona); slight chilliness without thirst; afterwards violent heat with thirst."†

In the *Materia Medica Pura*, Hahnemann gives of his own a single thirst symptom of Ipecac. in fever: "Shuddering (at four o'clock P. M.), afterwards chilliness with coldness without thirst"; and the following, furnished him by "other provers": "Feeling of heat in the afternoon and evening, almost like a burning in the head, forehead and cheeks, without thirst."‡ These two symptoms may also be found in the *Symptomen Codex*. Dr. Lippe, in his *Text-Book*, is in accord with the first edition of Bönninghausen on intermittent fever, and, consequently, in antagonism with the second. "Intermittent fever; slight chills are followed by much heat, with thirst and no subsequent perspiration." "(Intermittent fever) consequent upon the abuse of quinine, slight chilliness without thirst, afterwards violent heat with thirst," etc.§ The symptom, "chill with thirst," which Dr. Lippe gives before the intermittent fever symptoms of Ipecac., seems to have had for its source the second of those quoted from the *Materia Medica Pura*, and to have been the basis of those just cited from this

*"Frost mit Durst.—Frost meistens mit Durst.—Die Hitze ist meistens ohne Durst."

Versuch einer Homöopathischen Therapie der Wechsel und anderer Fieber zunächst für angehende Homöopathiker, herausgegeben von C. V. Bönninghausen. *Febris infinitas causas pro suis proximis agnoscit. Berhaare. Aphor. 583.*—Zweite vermehrte und gänzlich umgearbeitete Auflage, I. Theil. Die Pyrexie. Leipzig, 1864.

†Bönninghausen's Essay on the homœopathic treatment of intermittent fevers. Translated and edited by C. J. Hempel, M.D.—*Quisquis experimentis in se credere debet.* Celsus, IV. New York: Wm. Radde, 1845.

‡*Materia Medica Pura*. By Samuel Hahnemann. N. Y. Wm. Radde, 1846:—Vol. III. p. 9.

§*Text-Book of Materia Medica*. By A. Lippe, M.D., Professor of Materia Medica at the Homœopathic College of Pennsylvania. Phila.: A. J. Tafel, 1866.

new edition of Bönninghausen on Fever, in which the learned author gives, so far as thirst is concerned, indications for Ipecac. exactly opposite to those detailed in the first edition.

In the Allentown translation of Jahr's Manual we read: "*Thirst during the chills, or the coldness only.*" "*Light, short chills, succeeded by heat (frequently only in the head), with thirst and perspiration afterwards.*"* These are the only thirst symptoms from Ipecac. in this work. Dr. Curie gives but one of these in his later version: "thirst during the shivering or coldness."† Teste gives as an indication for Ipecac., "according to Hahnemann, certain quotidian intermittents, with absence of thirst during the heat, and nocturnal paroxysms, cannot be cured as effectually with any (other) medicine as with Ipecac."‡

We have thus taken pains to trace the thirst symptoms of Ipecac. in intermittent fever for two distinct reasons: first, to show the danger of relying exclusively upon condensed monographs. If Bönninghausen was right in his first edition he would appear to be wrong in the second, where, in fact, he seems to have the weight of authority against him. In truth he was both right and wrong in both cases; for in both he should have set down both forms of symptoms, in order that the student who relied upon this "*Therapeia of intermittent and other fevers,*" might not be effectually diverted by it from the right remedy. If his later experience with Ipecac. inclined him to write, "*chill with thirst,*" and "*heat mostly (meistens) without thirst,*" he should not have forgotten the still-existing reasons which led him in the former edition to give "*slight chilliness without thirst; afterwards violent heat with thirst,*" as indications for the same remedy. Our second reason for this exposition is to show how the translator of this new edition has missed a most important opportunity for rendering his author's work still more valuable, by giving both classes of opposite symptoms in this and similar cases. By not doing so in the present instance, he has left a rendering of Ipecac., which, so far as it may be relied upon to give the

*G. H. G. Jahr's Manual of Homœopathic Medicine. Translated from the German by the authority of the North American Academy of Homœopathic Healing Art, with an introduction and some additions by C. Hering, M.D.—Allentown, Pa., 1835.

†This first American edition of a Homœopathic Materia Medica, was translated and edited by several persons.—The Repertory to it, said by Dr. Lippe, Phila. Journ. of Hom. Vol. I., p. 431, and by Dr. F. R. McManus, of Baltimore, to be "the best published in the English language," was the work of Dr. A. Bauer.

‡Manual of Homœopathic Medicine, by G. H. G. Jahr. Translated by P. F. Curie, M.D. Second edition, London, 1847.

§The Homœopathic Materia Medica, arranged systematically and practically by A. Teste, Phila., 1854, p. 364.

sphere of action, "general fever symptoms" and characteristic indications of this remedy for intermittent fevers in this country, is simply misleading. While the one great indication for Ipecac., especially in "intermittent fevers, *where nausea and vomiting predominate*," which, it is believed, will almost invariably be present when this remedy is required in such disorders, and which we have quoted from the first edition, is altogether omitted in the second.

In regard to this matter of opposite symptoms, a single remark may be hazarded; that they should never be considered as necessarily counterindicative. There is an alternate action of the vital forces in health which may often be imitated in disease. There is also a similar alternate action of many drugs in pathogenesis, in all of them for aught we know, and a corresponding alternation of action will therefore be equally possible in their therapeutic use. The rational grounds for this doctrine have already been fully explained in our discussion of "The Dose" question.* The case just cited, cured by Ipecac., shows how an important and well established characteristic symptom may lead to the use of a remedy where the other symptoms are not all known to correspond, or where some of them may appear exactly opposite.

An excellent illustration of the very important principle here involved, may be found in a case of headache reported by Dr. Lippe in the Medical Investigator, Nov., 1873, p. 697, in which he says: "Had I decided upon a choice of remedies by mechanically setting opposite each symptom the corresponding medicines, my choice being governed by the rule of majorities, I would not have chosen Glonoine, which did not correspond (as far as we are yet in possession of its provings—almost all with crude or large doses) with the majority of the symptoms." The patient in question "had her hair cut off to within two inches of the scalp, because the heaviness and heat of it had almost distracted her." "She was found lying very quiet in bed, in a dark room; the least motion makes the pain worse." "*Bellad.* would suggest itself as *the* remedy; but *Bellad.* has the characteristic symptom that the headache is much increased by uncovering the head (by having the hair cut), and is generally relieved by sitting up." The great characteristic symptom, *amelioration of the headache by uncovering it*, is to be found under *Glonoine*, which also has the very important symptom of the case, when he rises his

* Hahnemannian Monthly, Vol. VIII., pp. 333, 449.

knees break down on account of the severe headache.* She could not rise, because her headache was so severe that it caused such weakness of her limbs that she could not stand on them. "This case was promptly cured by twelve doses of Glonoine^{cm}, a few pellets dissolved in half a tumbler full of water, and of this a teaspoonful given every two hours for a dose."

So far we have tried to give an idea of Dr. Lippe's report of the case, but necessarily omitting the mass of the symptoms. The whole case, like all those reported by this very eminent physician and master of the *Materia Medica*, deserves to be carefully studied. I will venture a single remark in conclusion: In congestive headaches really suitable respectively to *Bellad.* and *Glonoine*, and in many respects apparently similar, those curable by *Bellad.* are sure to be relieved by sitting up and are worse by lying down; while those curable by *Glonoine* may be relieved by lying down; but further experience is needed in this latter respect.

(To be concluded.)

DYSMENORRHŒA.

At a meeting of the Chester, Delaware and Montgomery County (Pa.) Society, held Sept. 29th, 1874, the treatment of dysmenorrhœa was discussed, an essay by Dr. Mahlon Preston, of Norristown, (which we hope to publish shortly) serving as a basis. The general opinion was that it was an easy matter to *relieve* the painful condition, but difficult to effect a *cure*. Dr. Smedley had cured a case in which for two months the patient had discharged a membrane with the menstrual flow, at the same time that she had a membranous-appearing discharge from the bowels. He gave Kali bich.^{2c}. Dr. C. Preston believed most cases due to displacement or cervical flexion, and that whatever relieved or cured these conditions would relieve or cure the dysmenorrhœa. Hence he had been more successful since using *Sepia* (2^c to 6^m), which, he said, if persisted in, would do great things for uterine deviations. Dr. H. N. Martin recommended *Stramonium* for cutting, dragging pains in the thighs accompanying dysmenorrhœa. Dr. Jos. E. Jones believed that many cases were due to small interstitial growths pressing upon the cervical canal and that to remove these would be to cure the dysmenorrhœa. He believed they could nearly always be removed by the persistent use of medicines, and he had often accomplished cures in such cases, especially with the Iodide of Arsenic. Dr. J. C. Morgan suggested one of Schüssler's remedies, the Kali muriaticum, as a possible remedy for membranous dysmenorrhœa. Dr. J. B. Wood said that medicines did but little, and if women could be induced to dress as they should, most of them would get rid of dysmenorrhœa without any treatment. The importance of dress—physiological dressing—was acknowledged by all, and the injurious effects of corsets and of skirts supported at the waist, were unanimously acknowledged. *Esculus hip.*, *Helonias*, *Cimicifuga* (and *Macrotin*), *Senecio* and *Xanthoxylum* were especially mentioned as remedies. Dilatation and cervical section were not discussed.—EDITOR.

*Amerikanische Arzneiprüfungen, p. 130.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

(Continued from page 80.)

26. *Cactus grandiflorus*. June 15th, 1871. Miss —, æt. about 60, had rheumatism in feet in April and May, of which I cured her. Remained well till to-day. I was called up to see her at 3.30 A.M. The evening previously great pressure at heart came on, going round under axilla to left back "like a belt of pain;" at midnight became very bad, *like a hand grasping heart*, with soreness, aching, and soreness to touch in all the affected region; also, a sore aching in left arm down to elbow. The pain at heart was paroxysmal, worse on speaking or *lying on left side*. It caused dyspnœa; the pain came on first, then the dyspnœa; death-like feeling at heart and round to left back. Pulse 105. Sometimes breath stops altogether for a half-minute, but without unconsciousness, and skin gets colder; afterwards she gasps. When the breath stops there is violent palpitation, and something seems to be whirling up from chest to brain and all the arteries seem throbbing. She feels she is dying and thinks she will not live till morning, but has no *fear of death*. Had a similar attack ten years ago. Has been told by a homœopathic practitioner that the back of the heart was diseased.

*Cactus*²⁰⁰ (prepared by Dr. Lillie) at 3.30 A.M., and every hour till relieved. Took second dose at 4.30 A.M., after which became much better; the dyspnœa improved first, then the pain, and she went to sleep. Another dose at 6 A.M. Afternoon (2 P.M.) much better, and has got up; feels sick; pulse 72. Got quite well, and when I saw her in November there had been no return.

27. *Calcarea*. May 4th, 1870. A boy, æt. 8 or 9. Cough for a month after variola. Cough dry before midnight, loose after midnight; cough hurts chest. Pain in internal ears, yesterday in *right*, to-day in *left*; worse by extreme heat or cold, blowing nose or coughing. Internal ears tender. Sudden pain in bowels, especially after eating. Cough worse on walking. Weak. Sputa and nasal discharge yellow, thick. *Calcarea* 107^m (Fincke), one dose.

17th. Cough nearly well, improved at once; has had very little pain in ears. No more pain in bowels after a day or two. Less nasal discharge. Cured.

28. *Cinnabaris*. January 2d, 1870. Miss ——. Toothache for fourteen days, now every day, at first less often. All the right molars and bicuspid (some decayed) feel soft, heavy, and *too large*. This comes on about 8 P.M. (after sunset) and at 2 or 3 A.M. It comes and goes gradually. *On biting teeth together*, the second right upper molar (which is decayed) feels *as if it would fly to pieces*.

1 P.M., took one dose of Cinnab. 1^m (Jenichen), the medicine being selected according to an involuntary proving on a patient. (This proving which is in many respects remarkable has been sent to the North American Journal of Homœopathy.)

Evening, feeling of softness and heaviness is less, and the large feeling is in *upper row of right side only*.

3d. Last night pain came on earlier, less severe, and shorter. Large feeling only in one row. No pain in morning.

8th. Toothache only once since (at noon) till last night, when it returned for three hours.

25th. No return. Nine months afterward had still been free from it.

29. *Silicia*. Mr. —, has had for six days a boil on outside of left tibia with swelling of lower leg which is very tender. Boil has a red areola, no discharge. Has had four boils before which healed in a week, but this does not. *Silic.*^{em} (Fincke), one dose.

Next day boil discharged, all was well in a few days.

30. *Natrum carbonicum*. August 11th, 1871. Mrs. —, has lost hearing of *right ear* for seven or eight months. Sounds seem to come from the left side when they really come from the right. At times, singing in right ear, or a noise like a bubble bursting in the ear, or fulness in the right ear when eating, or on swallowing feeling as if something moved in right ear.

*Natr. carb.*²⁰⁰ (Lehrmann), one dose.

September 6th, reports: About a week after dose, having improved thus; for three or four days a sound in right ear like a pop-gun several times a day; then for two or three days hearing returned at intervals, after which it remained good, but not quite as good as the other.

13th. Hears quite well.

October 11th. Still well, and has not returned to this day, May, 1872.

31. *Silicia*. August 31st. A child, æt. 2, was vaccinated three weeks ago; was quite healthy before. About ninth or

tenth day, arm was inflamed and swollen; in a few days an ulcer as large as a half-penny, excavated, laying bare the muscles, occurred at the spot where the operation had been performed. Several doses of Silic.²⁰⁰ (Lehrmann) cured it.

32. *Sulphur*. May 17th, 1871. Master —, æt. 2½. For two months right upper tonsil edge swollen with hardened discharge on it. Sleeps with eyes open, especially nights. Has had Sulphur³ and Calcar.⁶ with no benefit.

Diagnosis according to my MSS. Repertory of Eye Symptoms.

Eyes open during sleep. Ant. tart., Bellad., Bryon., Chinin., Coloc., Ferrum, Helleb., Ipecac., Ignat., Phosph. ac., Opium, Sambuc., Stramon., Sulphur, Veratr., Datura tatula.

Tarsal edges swelled. Argent., Arum triph., Conium, Kreosot., Lachnan., Natr. mur., Niccol., Pulsat., Sulphur.

— *hard discharge.* Arg. nitr., Calcar., Graphit., Kali nitr., Ox. ac., Seneg., Staphis., Sulphur.

Accordingly one dose of Sulphur^{cm} (Fincke) was given.

26th. Much less swollen, less discharge. Only right eye open during sleep.

June 2d. Better.

June 9th. Better.

19th. Has had an attack of mumps, for which a chemist gave him Iodium³⁰. Lid less swelled, but *both* eyes a little open during sleep. *Both* tarsal edges of right eye red and swollen. Sulphur²⁰⁰ (Lehrmann) *ter die* for a week.

26th. Very much better. Eyes closed during sleep.

July 3d. Only a very little discharge.

12th. Quite well.

1872, April. Has remained well. None of these symptoms are given in the Eye Chapter of the Cypher Repertory.

33. *Antimonium crudum*. August 9th, 1871. Master —, has been subject to nettlerash for fifteen months, all over body; white lumps, with red areola which itch. The greatest interval of freedom is three weeks, often only one week free. It is worse after meat; makes him irritable, very hot and thirsty. His mother had nettlerash when pregnant with him.

Ant. crud.²⁰⁰ (Lehrmann), one dose.

October 11th. Only a slight rash last week.

1872, April. No return.

34. *Kali bichromicum*. Miss —, had, for two days, pain in left malar *bone*, worse on coughing, with soreness of *bone* to touch. Kali bichr.^{cm} (Fincke), one dose at 3 P.M.

9 P.M. Got better soon after dose, and is now well.

35. *Kali bichromicum*. February 9th, 1871. Miss —, æt. 19. Ill for a week. Shooting inward in left malar bone, with pressure, and for three days also the same across the bridge of nose. Hot and cold alternately. Cough worse in morning; sputa greenish-yellow, bitter. Pain makes her feel inclined to cry. Shooting, sometimes, in bone over left eye. Cough hurts the painful part of cheek. *Kali bichr.*^{cm} (Fincke), one dose.

16th. Reports that the neuralgia went the same day. Chill and heat went on the 11th. Cough better; no sputa since 13th. Soon quite well.

The key-note in this and the preceding case was *pain in bones of face with cough*. This symptom I found in Simmons' Cough Repertory, which is the most complete of all on the subject; it is not given in the Face Chapters of the Cypher Repertory.

36. *Silicia*. November 30th, 1871. A child, æt. 21 months. For six days, the following symptoms: Every day on awaking after morning sleep, about 12 or 1 P.M., fever lasting till 4 or 5 P.M., followed by sweat on hands and feet. *With* the fever short, quick breathing, cold feet, no appetite; lies still; arms cold, and has *cutis anserina*.

Diagnosis (Bönninghausen's *Fever*).

Heat returning at same time. Sabad., Silic., Stannum. Silic. corresponded best, and one dose of ^{cm} (Fincke) was given at 4.45 P.M., when the sweat broke out.

December 1st. No fever or concomitants, except loss of appetite.

2d. Morning and afternoon, a slight amount of fever, and breath a little short.

3d. Appetite returned. Quite free from the symptoms, and there was no return of them.

37. *Erythroxylon coca*. November 27th, 1871. Mrs. —, for several weeks, cough worse from cold air or walking fast. Sputa very scanty, but relieves cough. To-day occiput painful and tender to touch, the pain worse on coughing; for a week or more there has been pain in occiput on coughing. For two or three months at times urine, after standing, deposits a yellow-white gelatinous sediment which adheres to vessel, and there is an oily film sometimes iridescent on surface of urine.

Erythr. coca^{cm} (Fincke), every four hours till better, then

less often. (See Symptoms, 495-6, 555, 100, 107, of Hering's *Materia Medica*.)

December 4th. Took medicine every four hours for two days, then twice, then once a day. No sputa. Urine natural. While taking medicine, several times a *peculiar giddiness*, lasting a minute or so at a time, felt only when walking, not when quiet. Cured.

38. *Carbo animalis*. Mrs. ——. For eight days feeling of coldness through from chest to back. Removed within two days by one dose of Carb. an.^{3m} (Jenichen).

39. *Sulphuric acid*. Miss ———, feeling of a lump in right outer canthus; on closing eye it seems to move to right inner canthus, on opening eye it goes back again.

Took one dose of Acid sulph.^{cm} (Fincke). At first the pain was aggravated, then eye began to water and pain ceased.

40. *Capsicum*. December 7th, 1871. Mr. ——. For three days cough preventing sleep, worse when lying, better by drinking cold water. For two days *with* the cough, feeling of pulling upwards from stomach up chest to throat-pit.

Capsic.^{1m} (Jenichen), *ter die*.

8th. Pain went in an hour after first dose. Kept well. Much less cough. Has had three doses. To stop medicine.

9th. Very much better. Cured, and there was no return.

The key-note in this case is given in Simmons' Cough Repertory: "Drawing in chest extending to neck, with the cough."

41. *Ranunculus sceleratus*. March 25th, 1872. For four months or more I had had two corns on the ball of first and second left toes, sensitive to touch or pressure, smart and burn, and occasionally shock very painful on letting leg hang down, when they also throb, and especially painful by flexing toes (downwards); better by extending toes (upwards) on foot; better by wearing a *thick-soled* boot. At times numbness in corns. Knocking toe against anything so as to cause the boot to grate against corns causes great pain and burning. They make me limp and hinder walking; running is out of the question. Cutting them and wearing plasters only relieve temporarily. *Ant. crud.* did nothing; *Pulsat.* and *Baryta* relieved for a time, but this morning they were worse than ever; I could hardly walk, the pain was at times so violent as almost to make me call out, and the burning was like fire. Took one dose of Ran. scel.²⁰⁰ (Leipzig). In evening so much better that I took a long walk without much inconvenience.

26th. Pain nearly gone. Could walk and even run.

After this they soon got well. The corns still remained for some time, but gave me no inconvenience at all. Afterwards the corns disappeared.

42. *Iodine*. January 20th, 1872. Mrs. —, æt. 70. About two months ago caught cold on a damp day; ever since cough. Cough better by expectoration; sputa very scanty. Cough is suffocating, she can hardly get her breath from it. Weight and tightness at stomach after food. Cough exhausts and chokes her, and causes retching and pain in forehead. Cough worse in warm room. During the day chilly, cold chill runs up back; at night when in bed subjective dry heat, especially of head (for two months). For fourteen days bitter taste of solid food, not of drinks. For a long time burning pain below right hip from back to front. Has taken allopathic medicine, with only temporary relief. *Iodine*^{5m} (Jenichen) one dose.

29th. Chills and heats went in two or three days. Bitter taste went in three or four days. Cough rather worse till 26th; now not much cough, very little sputa; less dyspnœa; no headache or retching; less exhaustion; still weight and tightness after food.

February 5th. Cough has ceased for three days. Dyspnœa much better. Stomach better. Feels stronger. Burning gone for three days.

12th. Only a little cough at night. Breathing much better. Stomach better. Much stronger. No more chills, but the heat at night returned for a week, but not so bad as before. No other symptoms.

April 3d. Her daughter, who lives with her, said she got quite well in a few days and has remained so.

(To be continued.)

THE TWELVE TISSUE REMEDIES OF DR. SCHUESSLER.

BY ADOLPH LIPPE, M.D.

WE are unexpectedly offered here twelve remedies (drugs) tried by practice, and are assured that they are sufficient for all the ailments of suffering humanity and even for our horses. In the recommendation for investigation addressed to us as members of the homœopathic school of medicine, we are told: "our mother is the old school and we must, with

"Schüssler, seek assistance from the latest physiological discoveries and the analytical researches of organic chemistry. This last is one of the foundations he builds upon."

Were these words which this recommendation for investigation contains, addressed to the common school of medicine, it would be out of place for us to comment on them, but as they are addressed to our school we may be permitted to say a few words about this new "*departure*."

We are told that the old school is our mother. The first knowledge of the teachings of natural sciences, of the laws and power of nature, come to us through the Egyptian historian Manetho, through Plutarch, Clemens, Tacitus, Strabo, etc. In the temple of Serapis, at Alexandria, the priests connected their worship with the healing art. The mother of medicine was Egypt, the first civilized State known to history. Among the mysteries taught in the temples of Isis and Serapis, the Epoptes,* (viewers) proclaimed the knowledge of one highest cause of all things, a primitive power of nature, the being of all beings, corresponding with the Demigurgos of the Greek sages.

The contents of the oldest mysteries in Heliopolis and Memphis were the overthrow of paganism (polytheism), the teachings of the unity of God, and the immortality of the soul; and to these philosophers (thinkers) was also entrusted the teachings of what were known as the principles in medicine. "*the laws of nature*." Medicine was only known to the priesthood, and the practice of it was then a Sacerdotal act.†

This is the mother of medicine, this is above all things *our* mother. We have handed down to us reports of cures made by the priests at the temple of Serapis, at Alexandria, by dynamic (spiritual) means. From that time till the days of Hahnemann *materialism* perverted the medical art, "*the laws of nature*" were gradually put aside, were at last fully ignored, and ever changing speculative systems, the outgrowings of merely individual opinions, were from time to time substituted for them. These various departures were not the legitimate children of the mother science, which, as we learn, taught the principles of medicine and the laws of nature: these various departures were void of all philosophy. There appeared men of genius, the forerunners of Hahnemann, who

* So called because the revelation of a formerly unknown, hidden truth was compared with the entering into light from a state of darkness.

† Preface to Arsenic, Hahnemann's Chronic Diseases, Vol. v., p. 197. Let every one quit this sacerdotal and most elevated of all human occupations who is deficient in intellect, in thought (logic) etc.

"protested" as they had a presentiment of the final truths taught and promulgated by Hahnemann, who was the first medical teacher who really and truly in spirit and in fact honored the mother of medical science once residing in Egypt of old. The picture Hahnemann draws of the old school does not represent an inviting mother, it does not much look like Raphael's Madonna or any other painter's Madonna which we can look at with admiration; the picture Hahnemann draws is much more like the picture drawn by Shakspeare in his fourth Act of Macbeth, 1st Scene. Shakspeare there represents the three hags in an old-fashioned anti-Hahnemannian apothecary around a cauldron, preparing one of the diabolical concoctions, a hell-broth. And in 1874 the followers of Hahnemann are authoritatively recommended to honor *our* mother, the old school, and seek assistance from *her* discoveries and researches. In what esteem Hahnemann held that old hag which is now held up to us as a devoted loving mother whose assistance we must implore, will become apparent and evident to any one who will read merely the preface to the fifth edition of the Organon of Hahnemann; that preface is enough, not to mention the Organon itself. We will quote one solitary sentence from that preface, in support of the position taken. Hahnemann there says: "Thus Homœopathy is a perfectly simple system of medicine, remaining always fixed in its principle as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive, (and, *in that way only*, serviceable), that, as the doctrine is pure, so must the practice be also, and all backward-straying to the pernicious routine of the old school, (WHOSE OPPOSITE IT IS, AS DAY IS TO NIGHT) is totally impossible, otherwise it ceases to deserve the honorable name of Homœopathy."

Hahnemann rightly says: "The old school is the *opposite* to Homœopathy;" he, Hahnemann, does *not* say "Our mother is the old school." We are not only told that said "*opposite*" is our mother, but we forsooth must go to her with that sage Schüssler and seek assistance from the latest physiological discoveries and the analytical researches of organic chemistry. In March, 1813, Hahnemann published a paper on "The Genius of the Homœopathic Healing-Art." He begins that paper in saying: "It is impossible to guess at the internal nature of diseases and what *hidden* changes diseases produce in the body, and it is silly to base the cure on such

“hypothetic suppositions and belief; it is impossible to guess
“at the healing-powers of medicines by their chemical hypothe-
“sis, or by their smell, color or taste, and it is foolish to try
“to use these (and when so misused so detrimental) sub-
“stances for the cure of a disease.”

What Hahnemann taught in his paper on the Genius of the Homœopathic Healing-Art in 1813, is just as true to-day as it was true then; it will be a truth in all times to come; and if it is so true, Schüssler has no foundation to build upon. The promises Schüssler makes are prodigiously great. These twelve “nutrition” and “function” remedies, tried by practice, are sufficient for all ailments of suffering humanity and even for our horses!

Take down the *Materia Medica*, old and new, pure and impure; hide your Domestic Physicians, simple and analytical; banish all of Hahnemann's works; destroy your stock of medicine, quit all potentiation, and use the twelve Tissue Remedies and worship your mother, “the old school.” Such are the things we are now in the year 1874 recommended to do. Is the homœopathic school ready to do these things? Surely not! What will that school do? Thank Dr. Schüssler for calling the attention of the profession to twelve important remedies; do as we always should do, make all new discoveries subservient to homœopathy, *prove* these remedies on the healthy, verify the correctness and reliability of these provings by the clinical experiment, and then add them to our *Materia Medica*. And this very course has already been pursued by a homœopathician; provings of *Natrum phosph.* are already made* and ready for a test.

Without bending our knees to the golden calf, the perverted old school, we may safely and without violating any of Hahnemann's precepts prove all new remedies reported to have been the means of curing diseases, and just as Hahnemann by the provings on the healthy and the final clinical experiment gave us the characteristic symptoms of *Cinchona* for the cure of intermittent fever, so will we find the sphere of curative action of these twelve new remedies. As homœopathists let Hahnemann be our guide and we will always be right.

* By the request of the modest colleague who had the kindness to furnish us with a copy of these provings we are not allowed to yet make it or his name public.

THE FORCEPS.

(From a "Compendium of Midwifery," in Manuscript.)

BY J. H. MARSDEN, A. M., M. D.

PERHAPS no medical or surgical appliance hitherto introduced has saved so many lives, adult and infantile, as the obstetric forceps. If this remark be founded in truth, as we think it is, it suggests a very strong motive to the student to become thoroughly acquainted, not only with the mechanism of the instrument in its varied forms, but with its capabilities and the best methods of application.

The exact time when the forceps was first employed is not well ascertained. It is generally believed that Dr. Paul Chamberlen was the inventor of the instrument. He, for some time, however, kept it a secret, and used it privately as is supposed, prior to the year 1647. It was not, however, generally known till long after that time. The forceps devised by Chamberlen, of which the late Dr. Meigs possessed and exhibited to his classes what he supposed to be an exact facsimile, was extremely rude. Perhaps no instrument has passed through a greater number of modifications up to the present time; a circumstance which fully demonstrates its importance, and the desire cherished by the most eminent obstetricians to more fully evolve its powers and facilitate its employment.

It would be incompatible with the limits and scope of this work to enter into a full description of the different instruments now in use. The usual method of attempting to convey a correct idea of their varying forms by means of wood cuts for the most part results in failure, as it is an attempt to depict solids upon a plain surface, which can be done only by a very exact observance of shading and perspective such as we are not to expect in illustrations accompanying books on midwifery. A far better idea can be gained by examining the instruments themselves, usually kept on hand by cutlers, who generally can exhibit the most approved forms used by the most prominent practitioners. The most important requisites of a good forceps are the following:

First. That it be as light in all its parts as is consistent with the requisite strength.

Second. That the blades should be no wider than may be necessary to avoid too concentrated pressure upon a circumscribed portion of the cranium, and to secure a safe hold upon

the head. If too wide, the difficulty of introduction is materially increased, while at the same time their mobility when within the pelvis, is diminished.

Third. That it should have sufficient length to grasp the head, when necessary, at or above the superior strait.

Fourth. That its cranial curve should be such that the inner surface of the blade may, when applied, come in as extensive contact as possible with the foetal head and not rest merely upon a few points, while the pelvic curve should be so modified as to endanger as little as possible the tissues of the mother by undue compression or laceration.

Fifth. The fenestra or opening in the blades should be as large as possible consistent with the requisite strength, so that the scalp of the child protruding through it may serve to protect the maternal structures from undue direct pressure of the instrument

The blades of the forceps perhaps most commonly used in Great Britain, have but one curve, that is, to adapt them to the shape of the cranium, and hence called the cranial curve. These are generally designated as the straight forceps. They are well suited to seizing and extracting the head when at the lower strait, but exceedingly awkward when it is necessary to take it at the superior strait, or even when high in the cavity of the pelvis. On the continent of Europe and in this country another curve is superadded to the above, termed the pelvic curve, which, when the instrument is introduced, corresponds with the curve of the sacrum. The latter instrument is, however, at present meeting with more favor in Great Britain than formerly. In the United States, so far as I know, it is almost exclusively used. In very nearly all cases likely to occur it is vastly preferable to the straight forceps. I can think of no exception, unless it be when we desire to rotate the head in face presentations, the chin being turned backward.

Other modifications of the forceps may be briefly noticed, regarding the method of locking or fastening the blades together after they are introduced. In the forms in use with us, the blades cross each other in their introduction, and are afterwards brought together and secured by what is called the English or the German lock. The former consists in a mortise in the shank of each blade, which passes the one into the other when brought together. The latter has a mortise in the one shank and a thumb screw in the other; when approxim-

ated, the thumb screw is received into the mortise, and with a few turns of the former the lock is secured. The forceps most generally in use with us, so far as I have observed, are furnished with the German lock; the short or Davis's or Meigs's forceps have the British.

Another form of the instrument, said to be an admirable one, is that by Prof. Lazarewitch, of Charkoff, Russia. In this forceps the blades lock without crossing. They are simply opposed to each other and are kept in place by a little button in the handle. It is claimed that the introduction of this instrument is easier than that of those requiring the crossing of the blades; that it is of no consequence which of the blades may be first introduced; that dangerous compression is prevented, and that from the arrangement and position of the lock, there is no danger of pinching the maternal structures. These are advantages, it is true, but they may be likewise secured by proper attention with the instruments in common use.

Every practitioner who is in the habit of frequently resorting to the use of this instrument, usually has his own decided preference. This preference often depends upon other circumstances than the real merit of the forceps. The influence of former instructors, long habit, and often mere accident, may determine his choice. For my own part, I set out with the use of Davis's forceps, influenced no doubt by the eminent professor whose lectures I had attended, and whose dexterity would have enabled him to succeed with almost any instrument. After a few years' practice, however, I abandoned Davis's forceps and substituted that of Dr. Hodge, which I still consider a much superior instrument, and so far as I am able to judge, the best in use amongst us. I prefer Dr. Hodge's to Davis's, because the former is long while the latter is short and not so well adapted to cases where the head has to be taken at a considerable height. The blades of Davis's forceps are wide and difficult of introduction, especially in cases of primiparæ or where there is rigidity of the parts, whereas the blades of Hodge's, which are perhaps as narrow as is consistent with their purpose, admit of easy introduction and of being readily moved when within, so as to bring them into the desired position. Davis's forceps are furnished with the British lock, which, although possessing the advantage of some yielding mobility, is not perhaps entirely secure, while Hodge's instrument is fastened with the German lock, which can be so adjusted as to admit of all necessary motion, while at the same

time there is no danger of the branches becoming unlocked in the course of an operation.

Whatever instrument we adopt, it is probably better to adhere to its use alone, at least in all ordinary cases. It may be well enough to have another in reserve for very special occasions. But by restricting ourselves to the use of a single one, we develop more fully its powers, become more familiar with all its applications, and probably on the whole obtain better results than we should do by having several in use at the same time.

The occasions or emergencies requiring the employment of the forceps are elsewhere treated of in this work. It will be our business in this chapter, therefore, simply to point out the mode of using this invaluable instrument, and designate the proper moment for its employment when this is deemed necessary.

When we have decided upon the expediency of an operation, we should inform the patient and her friends of our decision, explain to her our reasons, especially if she be intelligent, and quiet her apprehensions by assuring her that she does not incur any serious risk in submitting to our wishes. If she be already under the influence of chloroform, this procedure will of course be unnecessary. But many women while in possession of consciousness have an insurmountable horror of the "use of instruments." When we consider how frequent is their abuse, this is not at all wonderful. The acquiescence of the patient being secured, the next step will be to prepare the forceps for use. The blades should first be warmed by immersing them in tepid water, quickly wiping them dry and greasing them on the *external* surface with olive oil or fresh lard. The application should not be made to the handles or internal surface.

The next thing to be attended to is the position of the patient preparatory to the operation. An important question is, what should this be? British obstetricians prefer what is called the usual obstetric position, that is to lie as in ordinary labor upon the left side, her knees drawn up and her legs flexed at something like a right angle to the thighs. They claim for this position that it disturbs the patient less, as she requires no removal or additional adjustment, and is therefore less excited or alarmed than if more formal preparations were made. This may be true, in whole or in part, but it is more than doubtful whether these supposed advantages are not much more than counter-balanced.

According to this method she must necessarily have her hips drawn very near to the edge of the bed, so as to lie, one would think, in a very constrained and uncomfortable posture. The operator too must labor under disadvantage for want of ready access to his patient. Of course habit would in some measure remedy this; but I cannot refrain from the belief that the selection of this position is not so much from any real advantages it possesses, as from hereditary or national predilection. The forceps may be applied by an expert operator in almost any posture of the patient, but when there is no urgent contra-indication, we may as well as not avail ourselves of the advantages of position, as it may then be much more agreeable to ourselves and much less dangerous to the patient.

For my own part, I greatly prefer to have the patient placed across the bed, her hips drawn quite near to the edge, for this will cause her no discomfort, as she will have the whole width of the bed to support her. Two chairs are placed beside the bed, front to front, but sufficiently far apart to allow the operator to stand between them. The limbs of the patient projecting beyond the bed are flexed at the knee, and a foot placed on each chair. Some light covering is thrown over each limb, and a sheet or quilt from the bed drawn over her person to prevent exposure. An assistant on each side takes charge of the limbs by firmly taking hold of the knee with one hand and of the foot with the other. The body of the patient is slightly raised by bolsters, etc., placed underneath, and steadied, if possible, by a strong and reliable assistant, the nurse, if present, will often do very well.

If the patient has not been already put under the influence of chloroform, it will be a question of some importance whether or not that anæsthetic should now be administered. I am aware many totally object to the use of chloroform in labor, but from a long experience with that agent I am deeply convinced that most of the objections offered are wholly groundless. They generally come from persons who have never employed it themselves—have not the slightest experience in its use, and their objections are therefore altogether theoretical; or, on the other hand, they are advanced by such as have for a short time, and perhaps very injudiciously, tried the anæsthetic, met with some purely accidental complication, abandoned it at once, and denounced it as the “*fons et origo*” of all puerperal ills. They are like the boy who in passing a graveyard sees a mullein stalk waving with the wind behind

a blackened stump, becomes terribly alarmed, runs breathlessly home and reports that he had seen a ghost.

I would not advise a young practitioner under any circumstances to administer chloroform unless he has before thoroughly studied its properties and fully acquainted himself with all the circumstances under which it is supposed to be dangerous. Dr. Sansom's work on chloroform will give him valuable information, perhaps all that is necessary, although I think that gentleman is in error in his theory of the physiological action of chloroform. The young practitioner should also have learnt the safest and most effective method of administering it. All necessary instruction will be given upon this point in the chapter upon the use of anæsthetics in labor.

If there be no contra-indications to the use of chloroform, or no serious objections on the part of the patient or her friends, I would advise that she be rendered insensible before the introduction of the blades of the forceps. She will generally retain her position more steadily, and of course avoid the danger of injury from the instrument through violent movements. She will also escape suffering both from the introduction of the blades and from extraction, a matter of no small importance, at least to herself, and what is perhaps no less to be desired, will retain no horror of instrumental delivery, to harass her with the dread of a like catastrophe in future labors.

Formerly it was my practice to introduce and lock the blades before I administered chloroform, and pressing upon the handles to ascertain, by questioning the patient, whether I had included any of her structures in the grasp of the instrument. But for some years past I have abandoned that practice as unnecessary. I have, however, been the more careful to avoid such an accident when the patient was not in condition to apprise me of its occurrence.

The next step is, the introduction of the blades. How is this to be done? According to authors and teachers generally, the answer to this question is long, complicated and often not very intelligible. The truth is, the same unvarying rules have not been universally accepted and taught. With most, however, the object has been to apply the blades to the sides of the head of the child, whatever might be its position and however high or low it might be in the pelvis, even (if we understand them fully) above the superior strait. That very eminent American obstetrician, Dr. Hugh L. Hodge, admits

of no exception to this rule but where the head is locked at the lower strait by the biparietal diameter. In this case he will allow the blades to rest respectively upon the occiput and forehead, and, we may add, it is very difficult to conceive how in that circumstance they could be applied in any other way.

To attain the object above stated, namely, to apply the blades to the sides of the head, whatever its position or wherever its place in the pelvis, would manifestly be often difficult and sometimes practically impossible. Hence the rules laid down to accomplish this object are numerous, sometimes obscure or even unintelligible, and not unfrequently, as given by different authors, contradictory. We have reason too to believe that young and inexperienced practitioners, in their endeavor to recall and follow these rules at the bedside, frequently do serious injury to mother or child or both.

We will endeavor here to indicate a simpler and as we humbly believe a better method, a method which may be said to reduce the numerous rules for the application of the forceps to a *single one*, or rather to substitute a *single one* in the place of all others. We should, in the first place, as usually enjoined, ascertain as nearly as possible the position of the head. I say *head*, for if any other part present, the forceps has nothing to do with it. This cannot always be certainly determined, but generally it may. If we can reach the occiput, in nearly all cases it differs sufficiently from the forehead to distinguish it from that part, and of course, to enable us to determine to which side it is turned. The direction of the sagittal suture and the position of the fontanelles are generally relied upon as guides in enabling us to decide this point. A little reflection will lead the student to see how he may avail himself of these to ascertain the position of the head. If, however, he cannot determine the exact position, an approximation to it is all that is absolutely necessary.

We will suppose all things ready as we have before indicated, that the woman is arranged in the posture for which we have expressed our preference, that is, she lies upon her back with the hips drawn to the edge of the bed, her limbs arranged and supported as we have directed, and that it is Dr. Hodge's long forceps we are about to use. We first oil the index and middle fingers of the right hand, carefully insinuate them into the genital fissure, carry them up in contact with the side of the foetal head which is turned to the *left side* of the mother. If the head has not entirely escaped from the womb, we must

carefully lift, as it were, the still encircling lip from the child's head so as to leave room for the blade to pass between them. We must continue to support the attenuated section of the os uteri upon the dorsal side of the fingers until the instrument is introduced within. We then with the left hand take hold of the blade which from its shape we readily determine should occupy the left side of the pelvis. In Hodge's forceps this is the one that carries the thumb screw. It is held very much in the manner we usually hold a pen. The handle is held slanting and nearly over the right groin of the woman, while the point of the blade is inserted along the palmar surface of the insinuated fingers and in close contact with the foetal head. The object now is to carry up the instrument so that the point follows the convexity of the cranium, until it has reached the situation where it is to be left. While this movement is being executed, the handle at first nearly parallel with the right groin of the patient, is carried over toward the left thigh and depressed so as to rest considerably below it, and if not held in the hand of the assistant, is supported by the posterior commissure. It is better to leave it thus than to commit it to the care of an inexperienced nurse or like person who may be present.

When the left blade is carried up to its place, the right is introduced *above* it in a similar manner, the hands changing office and the operation reversed. It must be remembered that no force whatever is to be used in this stage of the operation. The blades should be held so lightly that force is impossible without taking a firmer grasp. If the point be arrested in its progress we may be sure it is going wrong, and instead of compelling it to advance, the blades should be partially or wholly withdrawn and a second attempt made. We should be careful to make the point of the instrument closely hug the head; it cannot go wrong while following the sphericity of the foetal cranium. The blades thus introduced *along the sides of the pelvis*, no matter where the head may be, whether at the superior strait, in the cavity, or at the lower strait, will lie the one upon the one extremity of it and the other upon the opposite. If at the superior strait, the one will rest upon the occiput and the other on the os frontis or frontal bone, or nearly so. If it have descended into the cavity it is likely to be grasped more obliquely; and again, if the head has already reached the lower strait and completed its rotation movement, the blades of the instrument will lie upon its sides.

When we have succeeded in introducing the blades of the forceps, the next step in the operation is to procure an easy lock, that is to bring the handles into such proximity and correspondence that the thumb screw on the one can be introduced into the mortise or notch in the other. Here, again, no violence must be used to effect this object. If we do not at first succeed, we must with all gentleness so alter the position of the blades by partial withdrawal of them, or such other movements as common sense suggests, as likely to affect the object. No specific rules can be given that will apply to all cases, and if the operator has not sufficient ingenuity to see what manipulation is likely to assist him to the attainment of his object, he had better abstain from the operation altogether. If, however, the blades *be well carried up* and the handles *well pushed back* toward the posterior commissure, an easy lock will *very generally be readily* procured. When the mortise fairly embraces the stem of the screw, a few turns are given to the latter, just sufficient to prevent the handles from separating without making them too tight or unyielding.

The next step in the operation is extraction. In order to effect this, we grasp the handles of the forceps with the right hand in order to apply the requisite force, while a couple of fingers of the left may be applied to the top of the child's head. Here, again, we must carefully abstain from all unnecessary violence. In grasping the handles of the long forceps, we must remember they have great leverage power. Where merely extraction is the object without compression, it will be sufficient to seize the instrument near the lock so that very little compressing force will be exerted. We need not violently squeeze the head to keep the instrument from losing its hold or slipping. If the blades *be well carried up* they will not slip—the maternal parts will retain them in place. Perhaps they are more likely to slip when *violently* compressed than when gently held. We must remember too, that we are supposed, generally at least, to have in our grasp the head of a living child, the continuance of whose life depends upon our skill and care.

If the head be taken at the superior strait, the extracting force should be at first applied as nearly as we can in the direction of the axis of that strait, and varied as the head approaches the outlet. Some advise a simple extracting force, contending that the forceps is or at least should be regarded as a simple tractor. Others, and I think with better reason, maintain that the instrument is not only a tractor but a lever,

and that its leverage power should also be subsidized in delivery. When the head is small and has been arrested only through want of uterine power, traction alone may be sufficient. But when any considerable resistance has to be overcome, we should combine a gentle oscillating movement of the handles from thigh to thigh, and thus unite the leverage power of the instrument with traction. There should be no haste—"time enough if safe enough" should be our motto. Sometimes, when only gentle aid is required in addition to the natural powers, we may act very deliberately, relaxing our hold in the intervals of the pains, and adding our assistance only as they recur. This aid, when requisite, may be early commenced, and continued for a considerable length of time. But generally a more speedy delivery will be proper. No general rule applicable to all cases can be laid down. Where the resistance to be overcome is great, we should act deliberately, giving time for the moulding of the head and its adaptation to the parturient canal. The compressing power of the pelvis of the mother, acting through the *vis a tergo* of the uterine force, or the *vis a fronte* furnished by the forceps, is much better than any compression by the violent grasp of the handles of the instrument, which, while it shortens one diameter of the head lengthens another, and that the very one we desire to shorten. As the extraction continues, provided the head advance, the handles gradually rise as the presenting part sweeps over the curve of the sacrum, until they become nearly parallel with the abdomen of the mother. This movement should not be resisted but rather encouraged.

When the top of the head reaches the perineum and that organ begins to be put on the stretch, great care is to be taken to prevent its laceration. This is avoided not so much by furnishing any supposed support as by operating slowly and cautiously, so as to give it sufficient time to distend. Some advise the disengaging the forceps when the head rests upon the perineum and leaving the delivery to the maternal powers. But it is to be remembered that in many cases requiring the forceps, the natural powers are for the time in obedience, and if the head be abandoned there, it will remain there indefinitely. We much prefer completing the work we have begun and not removing the instrument until we have fairly delivered the head. As soon as the head is born the instrument should of course be disengaged, and any further assistance that may be necessary should be furnished by the

hands alone. A finger hooked in the axilla of the arm turned toward the sacrum, will give the requisite aid for the delivery of the shoulders.

We have thus far spoken of the introduction of the blades of the forceps *along the sides of the pelvis* without any special regard to the situation or position of the head.

When the head is yet at the superior strait or just entering the brim, its occipito-frontal diameter more or less nearly corresponds with the transverse diameter of the pelvis. Consequently if seized with the forceps in this situation, one blade will rest on the back part and one in front. Fears, therefore, may be entertained lest the instrument should bruise and disfigure the features of the face. Practically, however, with care there is little danger of this. It will be remembered that as the head presents at the superior strait it is strongly flexed upon the thorax and becomes still more so as it dips into the brim. This flexion, too, is no doubt still further increased by the compressing force of the forceps. While one blade, therefore, rests upon the occiput, the other expends its force upon the os frontis or frontal bone of the cranium and not upon the face. We have noticed but one exception to this. In this case there was a fluctuating tumor immediately beneath the chin of the child, entirely filling the space between the chin and thorax, and completely preventing permanent flexion. The head failed to descend or even fairly to enter the superior strait. The forceps were applied before rotation had taken place and delivery was effected without any unusual difficulty. A slight indentation, which passed away in a very few days, was found close to the root of the nose; the skin was neither cut nor abraded. But if even under the like unfavorable circumstances the blade situated in front of the head should rest upon the face, so little compressive force is *usually* needed that we may avoid doing any serious injury.

Again, it may be doubted whether the head brought down in this manner can pass the inferior strait without effecting the movement of rotation. That it can has been again and again practically demonstrated. Tarnier, the annotator of Cazeaux's Midwifery, admits that it may be sometimes so delivered. We believe, from practical experience and observation, that it may be generally so delivered without serious injury to either mother or child, unless it be unusually large or the pelvis abnormally small. Some suppose the head occasionally rotates *with* the forceps—some that it rotates *within*

the forceps. We think we have not noticed either; but do not deny that it may have occurred with others.

When there is reason to suspect that the head when seized by its long diameter at the brim cannot pass the lower strait without rotation, it will be best when we have brought it down within the cavity of the pelvis to detach the forceps, and then, with the fingers or one of the blades or better still with the lever, rotate the head. This manœuvre may not always be possible, but frequently is. We can then re-apply the instrument, and if we have effected sufficient rotation the blades will then rest upon the sides of the head. We can thus deliver, having the long diameter of the head to correspond to the long diameter of the inferior strait.

When the head has already descended some distance into the cavity and rotation has partially taken place before we apply the forceps, the obliquity may be such, that, introducing the blades along the sides of the pelvis, as we have indicated, they do not settle in sufficiently exact opposition to each other to rest steadily upon the cranium or to admit of an easy lock. When this is the case, they had better both be withdrawn and complete rotation effected by the lever as above directed. This done, their re-application will be easy and satisfactory.

When the head has reached the inferior strait before we are required to operate, the introduction is easy, inasmuch as to carry the blades up the sides of the pelvis is to place them on the sides of the foetal head. This of course assumes that rotation is completed and the occiput turned under the arch of the pubis. But very slight extractive force is here necessary, the leverage power alone of the instrument is often sufficient to effect delivery.

As soon as the operation is completed, the patient, unless in a state of extreme exhaustion, should be turned around and adjusted comfortably in bed, and special care taken to remove all wet clothing from contact with her person. This should be done not by at once stripping off her clothes, but by withdrawing wet and soiled garments, and interposing between them and her skin dry and warm skirts. She should be strictly enjoined to avoid all conversation, excitement and exertion of every kind. A few drops of the tincture of arnica should be diffused in half a tumbler of water, of which a teaspoonful may be given every two hours.

It is not uncommon after instrumental delivery for the patient to be unable to pass her water. This should be par-

ticularly attended to. If she have been *much exhausted*, it would be well to introduce the catheter and evacuate the urine without requiring her to make the effort to pass it herself. Most women, at least shortly after delivery, are unable to pass water without assuming a more or less erect position. This should be avoided, if possible, in cases of extreme prostration immediately after severe labors, as flooding or fainting may be the result.

Ergot has been recommended for retention of urine in lying in women. I have used it upon different occasions, but am hardly sufficiently convinced of its power to be able to testify in its favor. It may be tried where it is not desirable or convenient to use the catheter.

Before closing our remarks upon the application of the forceps, it may be well to inquire *when*, regarding the condition of the patient, the instrument should be used in the cases in which its use is manifestly indicated. British practitioners formerly advised us not to apply the forceps until an ear could be felt, that is until the head was low in the pelvis. This precept seemed to be given irrespective of the suffering or exhaustion of the patient. Its strict observance necessarily led to a frequent resort to craniotomy. Again it was thought by some that the head *must in all cases* have passed entirely out of the mouth of the womb before we should interfere. Some, again, fixed the time for resort to the forceps by the number of hours the head had been stationary in the pelvis or resting upon the perineum.

They attempted to demonstrate the evils resulting from a too early use of the instrument, by pointing to cases of contusion, inflammation, and sloughing of the vagina and neighboring structures. We now, however, believe that these distressing accidents more frequently arise from too long delay than from precipitancy. When the head is strongly driven against these tender parts by a womb vigorously endeavoring to overcome resistance, or when they are pressed by the cranium which has become wedged within them, although the uterine powers may have failed and ceased to act, the circulation is arrested, and this, aided by the prostrated vitality of the patient, leads to a low grade of inflammation and perhaps subsequent sloughing.

To determine the exact time when interference is proper, we should be guided by the condition and necessities of the patient. It matters not whether, according to the old classifi-

cation, the labor be natural or preternatural, if we find the powers failing or unequal to the task, and the case be one admitting of the application of the forceps, it is our solemn duty to render assistance. We must not stand as idle spectators of the struggle, nor content ourselves with the hope that the *powers of nature* will ultimately prevail; we must become forthwith parties in the contest, and ensure their safe and speedy triumph.

We will derive aid in arriving at a correct conclusion by a just appreciation of the health, strength and powers of endurance of our patient. In the case of constitutionally feeble women or those who have been debilitated by pre-existing disease, and whose natural resources, there is reason to fear, will be inadequate to the task, at least without leading to extreme and dangerous exhaustion, it will be well to apply the forceps at a comparatively early period of the labor. In such patients it is of the *utmost importance* to husband their resources. When intensely prostrated, they often become the prey of some fatal accident or puerperal disease; or if they recover, it is through a tedious convalescence, and they perhaps regain at best but imperfect health. In such cases the forceps may be introduced, not with a view to immediate extraction, but to aid the patient at the recurrence of each successive pain.

Extractive force may be applied at the commencement of a uterine contraction, and the grasp relaxed when the pain passes off. The womb is thus relieved of much of its task, and, as it were, encouraged to increased effort.

In a word, we should carefully watch the condition of the patient as labor progresses, and hold ourselves ready to discharge our duty whenever her failing powers hang out the signal of distress. "The forceps," said the late Dr. C. D. Meigs, "is the *child's* instrument" but, it should also be remembered, it is the *mother's* too.

APPLICATION OF REMEDIES IN TYPHOID FEVER ACCORDING TO CHARACTERISTIC INDICATIONS.

(Read before the Central N. Y. Homoeopathic Medical Society.)

BY DR. NASH.

ALMOST every physician of ordinary ability, in a practice of ten years will have had considerable experience in the treatment of this disease in its various forms.

Almost every one will have some particular remedy or remedies which have on certain occasions achieved wonderful results and have consequently become great favorites. Therefore it is quite natural that such particular or marked successes should call our attention to such remedies, and that we should attach undue importance or value to them, and hence that we should be led into *routinism*.

Now this is an error in practice by far too common, but one very easily fallen into, I believe, by the best of us; and once fallen into, it is at once of incalculable detriment to our patients, ourselves, and the development of homœopathy.

This cannot be too carefully avoided, and it is to just such practice as this that we are indebted for such assertions as that *Baptisia* will cure almost any case of typhoid fever if taken in time.

That all cases of typhoid do not present the same symptoms, even in their incipency, is well known, and for this reason it is just as certain that *Baptisia* cannot be adapted to all cases in this stage, any more than that *Arsenic* will cure all cases in the third stage.

That these are adapted to some, perhaps to many cases in these respective stages, no one will perhaps deny; but their applicability must, as in all other diseases, depend upon their correspondence to the individual case.

With these few remarks, I will proceed to give the particular indications for the remedies which I have used; and although I may not give much that is new, I will give my experience; and if it will correspond with that of one or many, I shall feel gratified. It is out of the mouth of many witnesses that facts in science must be established. I shall not try to give all the indications for each remedy, but those only that I have found most characteristic.

Baptisia.—Chilliness with soreness of whole body. Senses blunted—expression besotted; while answering will drop to sleep, can't comprehend; stupid delirium.

Tongue white or yellow, thickly coated (first stage); later still coated, but brown and dry, particularly through the middle. Sordes on the teeth, with very offensive breath; aphthæ putrid, dark, ulcerated; stool loose, yellow or dark and horribly offensive; also offensive sweat and urine, weakness and sliding down in bed.

There are few cases that have in their beginning this class of symptoms in their totality. But I have seen a few such

cases (with the exception of the ulcerating aphthæ, which come later), and then in my hands the Baptisia has been wonderfully efficacious. I have oftener found this group of symptoms in the second or third week, and almost always then get good results from this remedy; and my experience has been that it is oftener useful here than in the first week.

A remedy which I have found much oftener indicated and efficacious in the stage of invasion is

Gelsemium. Symptoms: Sense of extreme prostration. Dull pain or strange sensation in the head, with jactitation of the muscles. *Trembling from weakness*; legs tremble when trying to walk or move them; arms and hands tremble when trying to use or even lift them. Muscles refuse to obey the will. There is a sticky, clammy, feverish taste, but little or no coating on the tongue. Drowsiness or sort of semi-stupor; wants to lie or sit still, he feels so weak; eyelids seem heavy and drop even when awake. Pulse weak and slow when quiet, but accelerated by motion, and generally a sense of slight chilliness and coldness all over.

This group of symptoms I have often found at the beginning of typhoid fevers, and which, if uninterfered with, will soon develop into full-blown cases of this disease in some of its forms; but with *Gelsem.*³⁰ or ²⁰⁰, I have never failed to help my patients out, and that too quickly; and my patients have frequently exhibited the greatest enthusiasm in their praise of "this medicine." They say that they experience a peculiar tingling and warming sensation all through the body and limbs, and with it a sense of returning strength; the trembling ceases, they sleep sweetly, and in a few days or even hours are able to be about their usual employment.

This is a truthful picture of many such cases, and I have consequently learned to place a high estimate upon this remedy in this stage, and have never found it of much if of any value in any other stage.

The next remedy most frequently found useful with me is

Bryonia. Headache in occiput to forehead, made worse by motion. Delirium, generally about business affairs. Constipation; dry, chapped lips; tongue coated white, yellow, or later brown; thirst for large quantities of water. I generally find it useful in the first and second week, but use it in any stage if these symptoms are present.

I have never, as Jahr says, "succeeded in stifling the whole

disease in its germ" with this remedy, nor have I ever found it of any benefit when diarrhœa was present.

Rhus tox. generally steps in where *Bryonia* leaves off, if I may be allowed the expression. The aggravation on motion is gone, and a desire for *constant* and *frequent movement*, which seems to give temporary relief, is present. More restlessness the latter part of the night; constant tossing about. The active delirium is changed to a stupid, muttering delirium. The constipation is gone and diarrhœa obtains. Tongue red, dry, smooth, or *red at the tip in shape of a triangle*. Mostly useful in second and third week, but may often be indicated in first week, if, as is often the case, diarrhœa sets in at that time.

Arnica is a remedy much oftener indicated than used, and it often requires nice discrimination to choose between this remedy and *Rhus tox.*; and from the fact that *Rhus tox.* is such a general favorite, it is often used where *Arnica* ought to be. They both have prostration, with *bruised* sensation and desire to move or to be moved; but the *Arnica* patient wishes to be moved because everything upon which he lies seems too hard, and he will give that reason even in delirium; while under *Rhus tox.*, the patient moves because it relieves the pain, the *bed* makes no difference, and does not feel hard. Both have dry, brown tongue, but *Arnica* has a dry, brown streak through the middle (*Baptisia*). The prostration is generally greater under *Arnica*, and stools and urine are oftener involuntary and unnoticed. But as I said before, it is often difficult to choose between them; and if my *Rhus tox.* fails, I do not forget the *Arnica*. I use it much oftener than formerly.

Arsenicum. I can do no better than to quote Jahr's forty years practice verbatim here, for he writes my experience: "A powerful remedy in many cases of abdominal typhus, if *Rhus tox.* remains ineffectual. On the other hand, *Arsen.* sometimes has no effect whatever, if given before *Rhus tox.*, (because it is scarcely ever indicated there). In the inflammatory stage with constipation, it is of no real benefit. Its real sphere of action commences where the putrid foul cadaverously smelling stools, and the brown dry leather-like tongue indicate such an advanced degree of decomposition of the fluids that *Rhus tox.* is no longer able to arrest it."

Very characteristic symptoms, together with the conditions already mentioned, are: *Extreme prostration; great restlessness and anxiety*, manifesting itself in constant moving of

the head and limbs, while the trunk lies still on account of too great weakness; *burning pains*; aggravation of all symptoms at *midnight*.

Bæhr says: "Since Arsenic is, more than any other medicine, adapted to the worst forms of all infectious diseases, it seems wrong to delay its administration until the symptoms indicating it are developed in their most malignant intensity." And further: "Our advice therefore is, that Arsenic should be given more frequently than has been customary from the very beginning of the attack, and that we should not wait until the disease has fully developed its pernicious character." Now this may be sound reasoning and good advice, but I have never yet found any rule by which I could decide in the beginning of the attack that it was to develop into the pernicious or malignant form calling for Arsenic when it was developed. While we need not wait for an Arsenic case to be developed in its *most malignant intensity*, we would not, it seems to me, be justified on the other hand in giving any remedy in anticipation of an expected condition. Arsenic is not the only remedy that cures fevers of a malignant or pernicious character, and how do we know after all but that Mur. ac. may be the remedy when the case is developed.

I have never found any safe rule but to use the *indicated* remedy at all stages, without trying to treat future possibilities; or in other words, we cannot anticipate what course typhoid fever (of all diseases) will take, and therefore can only treat it as it develops.

Lachesis. One of our most useful remedies in this disease. I believe that those who habitually use low potencies do not generally appreciate this remedy.

Muttering stupor; sleeps much with mouth open; dry, red, or black tongue, cracked at tip; trembles when protruded (Gelsem.) or catches under lower teeth.

The mouth and throat get so dry that the act of trying to moisten them after sleeping will make the patient scowl and cause tears to start.

This last symptom is very characteristic, and I have verified it in some desperate cases, not only in typhoid fever but in typhoid pneumonia. All symptoms worse after sleep. Mostly useful in second and third week.

Stramonium. This remedy I have found most frequently useful in high grades of delirium.

I have never derived much benefit from *Bellad.* or *Hyosc.*

in these cases; but when there is loquacious delirium, with all sorts of odd fancies and imaginations, red face, sleeplessness (and in one case in which the head was jerked spasmodically from the pillow) Stramonium is invaluable.

Muriatic acid. Settles down in the bed; involuntary stools; tongue paralyzed; hemorrhage of dark liquid blood; mouth full of dark bluish ulcers. Have cured several cases with these symptoms present.

Nux moschata. A very excellent remedy. Characteristics: 1717, profound coma; lying silent, immovable; insensible; 79, difficult comprehension; 78, slowness of ideas, dwells long on her answer or does not answer at all, very deaf; 1010, putrid colliquative diarrhœa; 885, rolling, rumbling and gurgling in bowels; 1690, a dreamy state, with drowsiness and falling of eyelids; 525, *dryness of the mouth*, tongue and throat, with fullness of stomach and loss of appetite, in the evening the dryness is so great that the tongue sticks to the roof of the mouth, yet there is no thirst.

I have numbered these symptoms as I found them in Hering's arrangement of *Nux mosch.*, because it was from this arrangement that I was enabled to prescribe this remedy in a very desperate case which had baffled my best efforts for a long time. I had used *Phos. ac.* in different potencies, high and low, for it seemed to me that it must help the case, but to no effect, when I was led to examine the *Nux mosch.* from the intense, persistent dryness of the mouth, yet without thirst, and upon examination I found the whole case covered by that remedy, and with the 30th and 200th potencies made a brilliant cure.

I believe this remedy ought often to be used in place of *Phos. ac.* (which by the way has served me often in fevers).

With this, I conclude the remedies that I have found most useful in the treatment of typhoid fever.

There are of course other remedies, that I have found useful in exceptional or peculiar cases. Such as *Phosph.*, when the respiratory organs were much involved, when there was oppressed respiration, bloody sputa, etc.

I once had the pleasure of making a very beautiful cure with *Arum triph.* It was a case of typhoid, which came into my hands from an eclectic source. The patient was a little girl of twelve or fifteen years. Symptoms: Very wakeful and restless; screaming; delirium, part of the time wants cat-sup, all the time great hurry for it; diarrhœa of dark yellow,

fluid stools; pulse quick; breath fetid; *nostrils raw and bloody, also tongue, lips and whole mouth, red, raw and bloody; will keep picking and boring the nose and mouth, notwithstanding it bleeds and hurts her in so doing.* Arum²⁰⁰, in water, once in two hours. I stopped again in about six hours, and the mother asked me if I had given the child Morphia, as Clara had been sleeping sweetly for three hours, which she had not done before for three weeks. This was the specific for the case, and under it she made a rapid and complete recovery.

There are a great many other remedies mentioned in the books, and there is no excuse for a homœopath to lose sight of any of them, for he may to-morrow need a remedy that he has never used in his life before. If I find my case covered by any remedy, whether I have ever needed it or not, or have ever heard of its being used, I give it and look for favorable results.

"COLLEGE OF DRUG PROVERS."

Dear Hahnemannian:

I SUPPOSED that the "College of Drug Provers" was at rest for one year, at least until we meet again at Put-in-Bay. But you, you naughty editor, resurrect it *ad interim*, to give us fits. After all Dake deserves success for the bull-dog tenacity with which he clings to a project which *he* acknowledges to be Utopian.

What is Utopian? Webster defines it as chimerical, fanciful. Dake acknowledges (page 85) "the great difficulty to be the lack of funds"; and then he wants us of New York and Boston to raise the funds, when we have trouble enough to keep our heads above water, and feel grateful when at the end of a collegiate year the balance sheet comes out even, although the whole faculty gives time and labor gratuitously.

We consider Dr. Dake's pet project of "a College of Drug Provers" Utopian or chimerical or a nice fancy, because

I. (MONEY.) First. We have not got the money. Second. We cannot raise the money. Third. If we issue bonds for the establishment of such a project, who would take them, even at a big discount? Thus in its financial aspect we certainly consider the project Utopian.

II. (THE PROVERS.) First, Shall the "College of Drug Provers" be a genuine medical college for the study of the

science and art of medicine? If so, then let it be known as such, and do not beat about the bush. The Southern States have no homœopathic college, and certainly Nashville is as good a place as any in which to have one; but we find hard work and great persuasive powers necessary to bring students up to the task of proving, as it is, for they have enough on hand in endeavoring to pass their several ordeals. Second. If not students, shall they be practicing physicians? Where could you get twenty-four gathered in one place under the direction of a *competent faculty*. Our young physicians are generally too poor to waste their best years *pro bono publico*, even if they get fed gratuitously; though probably the diet would be homœopathic in the most exact meaning of the word, and wine, tobacco, etc., strictly prohibited. Old practitioners love their *otium cum dignitate* too much to sacrifice themselves for the term of several years for the benefit of the rising generation.

Third. You may take them promiscuously from the poorer classes, just as the artist takes his model, and pay them for the experiment. Might not the very regular mode of living alone produce an entire change, and tares spring up, overshadowing the wheat of the symptoms?

Thus difficulties will always beset every mode of proving. I again assert that I consider Dr. Dake's project Utopian, founded upon an imaginary perfection which it is *impossible to reach*.

We feel ourselves hampered neither by college schemes nor journalistic ties, and will to the utmost of our ability support any *feasible* plan for the improvement of our *Materia Medica*. It is true, objective symptoms had been neglected, but I cannot see why they cannot as well be attended to by scattered provers as by those housed under one roof.

We cannot retract an opinion candidly expressed, until we are better convinced—not of the necessity of improvement, which all fully acknowledge—but of the feasibility of the plan in its details; and especially that the means can be had *to carry it on for a number of years*. A large capital is needed, and to ask Congress for it is more than Utopian.

S. LILIENTHAL.

PUBLICATIONS RECEIVED

THE PHYSIOLOGY OF MAN; DESIGNED TO REPRESENT THE EXISTING STATE OF PHYSIOLOGICAL SCIENCE, AS APPLIED TO THE FUNCTIONS OF THE HUMAN BODY. *By Austin Flint, Jr., M.D.*, Professor of Physiology and Anatomy in the Bellevue Hospital Medical College, New York, etc. In five volumes. Volume Fifth—SPECIAL SENSES; GENERATION—p. 517. New York: D. Appleton & Co., 549–551 Broadway; 1874.

The completion of this great work, begun eleven years ago, marks an era in the literature of physiology in America, if not for the science itself everywhere and in general; and whoever possesses the five volumes which compose it may consider his library tolerably well furnished in physiology—for all practical purposes at least. The First Volume contains: "Introduction; Blood; Circulation; Respiration." The Second: "Alimentation; Digestion; Absorption; Lymph and Chyle." The Third: "Secretion; Excretion; Ductless Glands; Nutrition; Animal Heat; Movements; Voice and Speech." The Fourth: "The Nervous System." The Fifth (now just published): "Special Senses and Generation." The whole work comprises 3,050 pages, octavo.

In his preface, the author refers to the disadvantages under which "an elaborate treatise on the great subject of the physiology of man must be written in this country." He found that there were no complete libraries on physiology in this country, and experienced much delay from the necessity of importing the greater part of the works to which he has referred. And it was simply a piece of good fortune for him and for the perfection of his undertaking that, physiology being a science comparatively modern, he was able to find at all, outside the great public libraries of Europe, the volumes which he needed to consult. And in memorial of the completion of this great work on physiology—at once the most extended, the most thorough and the most comprehensive (by a single author) in our own, if not in any language—and with especial reference to the nerves of the Special Senses, whose functions occupy the principal portion of the present volume, we propose to introduce our notice of this volume with a brief glance at the history of the science of physiology as respects the nervous system in general and in particular.

Hippocrates, the father of medicine, made no distinction between flesh and muscle, and used indiscriminately the same terms (*tonos*, *neuron*) for sinews, ligaments and nerves; of the latter, he asserted that they contracted the limbs. In the following words, however, he seems to speak of the real nerves: "The rise or origin of these nerves (*neura*) is from the back part of the head, continuing along the spine of the back to the ischium, whence come the nerves which go to the privities, to the thighs, the legs, the feet and the hands, and distribute themselves even to the arms—one part going into the flesh, the other along the bone (*perone*) to the thumb, while it traverses the flesh to the rest of the fingers." Aristotle is, by Sprengel, held to have a rightful claim to the merit of discovering the nerves of sensation, which he calls "canals of the brain. But the knowledge of the true functions of the nerves was not unknown to Hippocrates, whose birth (B. C. 460) was one hundred and seventy years previous to that of Aristotle. Speaking of dislocation of the thigh forward, Hippocrates says: "In such a dislocation they feel abundance of pain and there is a suppression of urine, because the head of that bone (then) presses upon very considerable nerves, so that it causes a

tumor in the groin." And if any doubt remained, Galen's remarks on this passage would remove it; he says: "By these considerable nerves, Hippocrates meant the nerves which go along with the vein and artery through the groin, which are called considerable, or of great power, because they are near the spinal marrow."

Galen himself maintained that every muscle consists of a bundle of nerves and sinews; but the necessity of the nerve and its origination from the brain he explained clearly and forcibly. The use of the nerve he proved also by experiments—cutting through some bundles of nerves, and thus preventing the corresponding motions. He originated that division of the functions into the vital, animal and natural functions, which has ever since substantially prevailed. He "recorded many facts which had been observed before his time by Erasistratus, Herophilus and others, relative to the nervous system considered as the organ of sense and voluntary motion, and to these he added several new observations and experiments of his own." Among these may be mentioned his distinction of hard and soft nerves, the former being those of motion, the latter those of sensation. But before presenting Galen's views, it should have been stated that Herophilus, who lived in Egypt in the time of the first Ptolemy, and his associate Erasistratus—these two being the *first to dissect the human body*, and the founders of the Alexandrian schools of medicine—were accustomed to distinguish the *Neuroi kinetoi*, nerves of motion or organ of the will, from the *Neuroi aesthetikoi*, or nerves of sensation, while Rufes, who lived in the time of Trajan—according to Sprengel—divided the nerves into sensitive and motor, and derived them all from the brain.

In later times Servetus, who had the misfortune to be burned at Geneva as a heretic in 1553, was the first to speak of the small circulation, that which carries the blood from the heart to the lungs and back again to the heart. Sylvius had already discovered the existence of the valves of the veins. Fabricius of Acquapendente, noticed that *these veins all turned towards the heart*. But it remained for an English physician, William Harvey, in the years 1616—19, to demonstrate that grand and complete circulation of the blood through the whole system of which these two preceding discoveries were the necessary forerunners, and from which the whole science of modern physiology may almost be said to date its origin. But another Englishman, Glisson, towards the middle of the seventeenth century, "seems to have been the first to shed (additional) light on the path in which modern physiology has since so widely advanced; he maintained the activity of matter, and that all the functions of life depend on a property of living animal substance, which he calls *irritability*, entirely independent of physical or mechanical forces." He was the first to use the term irritability, making it identical with perception, sensation being the consciousness of perception*. Glisson laid the foundation for the whole of the subsequent development of the doctrine of the nerves of special sense by extending this general irritability into a specific modification in each organ, making it operative in each in a different manner.†

George Ernest Stahl, contemporary with Glisson, taught that every

* Irritatio est perceptio, sed sensitio est perceptio perceptionis. Glisson. *De Ventriculo et Intestinis*, 1678; p. 239.

† Spiritus regens, aliud in jecore, aliud in liene, aliud in pancreate, aliud in ventriculo et intestinis operatur. Glisson. *De Ventriculo et Intestinis*.

action of the muscles is a voluntary effort, whether attended with consciousness or not. Haller, 1747, a follower of Hoffman and Glisson, created an entirely new era by asserting a sensibility and an irritability of fibre. Barthez, still later, adopted the phrase *vital principle*, which he regarded as distinct from the soul. Bichat, twenty-five years after, born 1771, reduced the vital properties to two, contractility and sensibility, and is supposed to have established the distinction between the ganglionic and the cerebro-spinal nervous systems. The ganglionic system of nerves had indeed been imperfectly known to Galen and his Arabian followers. They were described by Willis, 1669, who carefully examined and traced the different ganglions or knots which occur upon the nerves; but he still looked upon them as merely appendages to the cerebro-spinal system. Winslow, 1732, was perhaps the first to describe the ganglions of the Sympathetic System as a kind of nuclei or little brains, generating a peculiar property of their own. The notion of the independence of the Ganglionic System was espoused by Cuvier in 1799. And it was particularly insisted upon with his accustomed eloquence by Bichat, 1801, who represented all the ganglions of this system as "particular centres of organic life, analogues of the brain, the grand and unique centre of animal life; and who further demonstrated, not only that all these ganglions were collectively independent of the cerebro-spinal system, but that each ganglion was independent of every other—nay, that each nerve proceeding from such ganglion was in a great measure independent of that ganglion, and even that each point of such a nerve was independent of all the rest, and constituted alone a distinct focus of nervous influence."

Not less important in physiological science was the development of the different functions of the anterior and posterior spinal nerves, the former being determined to be motor and the latter sensory. The discussion as to whom was due the credit of this great discovery, the rectification of the originally formed incorrect opinion, and its final determination of the subject, conferring its honor upon another, form some of the most interesting passages in the literary history of physiology. From the pages of a late quarterly* we condense the conclusions arrived at from the ample documentary evidence therein presented. Alexander Walker, in 1809, originated the theory that the sensory and motor properties of the mixed nerves were derived respectively from the anterior and posterior roots. This was but a theory, unconfirmed by experiment, and exactly opposite to what was afterward found to be true, but exceedingly interesting, as showing how very near one might approximate and yet fail to reach an important principle and make a great discovery. Sir Charles Bell, to whom the honor in question has been until lately almost unanimously attributed, in 1811 first experimenting on *recently killed animals*, discovered that the posterior roots of the spinal nerves had little or no motor properties; he ascribed both motion and sensation to the anterior roots, and supposed that the posterior roots presided over what are now known as organic functions. He knew nothing about the sensibility of the posterior roots. F. Magendie, in 1822, was the first to experiment on the spinal nerves in *living animals*, and he thus ascertained that the anterior roots of the spinal nerves presided over movement, and the posterior over sensation. Each division of the cerebro-spinal system being thus seen to be as essential

* *Jour. of Psychol. Med.*, Vol. II.

to the usefulness of the other as this whole system is to the ganglionic nervous system, and *vice versa* in the whole body.*

The ganglionic nervous system itself communicates with the cerebro-spinal, not exclusively with the sensory or with the motor filaments, but equally with both, as has been shown according to Fletcher, by Scarpa, Sæmmering, Panizza and others. The Phrenological School of Physiologists, founded by Gall, (1796—1835) supported by Spurzheim and Combe in Europe and America,† and “guided solely by comparative anatomy, held the intellectual faculties to be distributed throughout the whole cerebral mass. M. Flourens (1835—40) demonstrated that the intellect is, on the contrary, concentrated in the highest portion of the encephalon; and by his own experiments he proved (as was then believed) that the ablation of the hemispheres of the brain was sufficient to annihilate all spontaneous manifestations of interest and intelligence.”‡ Later experiments, however, have shown the fallacy of this last conclusion. Even M. Bernard himself, in the same memorial address on Flourens from which we have just quoted, refers to the “well-known fact that a frog which has lost his head will push aside with his leg the pincers which give him pain.” Such a movement implies both sensation and instinctive intelligence, and involves the operation of muscles moved by the spinal cord but inspired by the ganglia of the so-called involuntary nervous system, which we have just seen is intimately connected with the former voluntary nervous system. In the following words Bernard well expresses what may be taken as the true and authoritative doctrine of physiologists of the present day upon this subject: “Each function of the body in this way possesses its special nervous centre—a veritable inferior or secondary brain, whose complexity corresponds with that of the function itself.”

For some time after the discoveries made in reality by Magendie, but promulgated mainly by Sir Charles Bell, it was believed that all nervous impressions reached the sensorium (or brain) and that all the external movements thence resulting were made consciously in obedience to the will. But when such phenomena were observed as those just referred to, in which animals exerted themselves after being deprived of their heads, it was evident that they could not be accounted for on the received principles. Such facts, therefore, were found to constitute “sufficient proof that, in their case at least, the motor impulse could not come from the brain, but must reside in the nervous apparatus of the spinal cord. And under the researches of Marshall Hall, it was completely established, that in the human subject as well as in the lower animals, there is a distinct separate centre of nervous action in the spinal cord; and that numerous movements take place, the origin of which is not in the brain, nor in any of the sensory ganglia beneath it, but simply and solely in the spinal cord itself. These movements, like the act of breathing in sleep or in apoplexy, are the organic response to certain

*The reader will look in vain, however, for any traces of this great discovery in Milligan's translation of Magendie's “Elementary Compendium,” which was reprinted in this country in 1824. But in confirmation of our statement may be quoted the following words from the Address given by M. Claude Bernard on his reception into the Academy of Sciences of France, in 1869. “In 1822, Magendie proved by decisive experiments the fundamental distinction between the motive and the sensible nerves of the spinal marrow.”—*Quart. Jour. Psychol. Med.*, Vol. III., p. 815.

† Dr. Spurzheim lectured in Boston, Mass., in 1832, making some converts principally among medical men. Mr. George Combe lectured in 1838—40 in various cities, from Boston to Washington.

‡ M. Claude Bernard.

physical stimuli necessary for the preservation and well-being of the individual; they are *thrown back*, as it were, from that part of the nervous system to which the stimulus especially applies, and have thus received the name of reflex actions."

There were still other phenomena which were not accounted for even by these new discoveries of the reflex functions of the spinal cord. Then Dr. Carpenter took up the investigation where it was left by Dr. Hall. Formerly it was supposed that the spinal cord, traced upward, communicated immediately with the cerebrum; but instead of thus communicating with the cerebrum, it is found to merge into a series of ganglionic masses, which form the centres of the nerves of sensation. These sensory ganglia are not, as was formerly supposed, mere appendages to the cerebrum; they are *distinct centres of action and feeling*. These sensory ganglia are shown by Carpenter to hold an intermediate position, in function as well as in location, between the spinal cord and the cerebrum. Like the intellectual and voluntary action of the brain, their operations are connected with *consciousness*; but like the reflex actions of the spinal cord, their actions take place without forethought, purpose or any control of the will. And on this account these actions have received the name of *consensual*†. And it is by this *instinctive*, involuntary co-operation of the functions of both brain and spinal cord through the *vital intensity of the ganglionic or sympathetic nervous system*, that many operations essential to life and comfort are constantly maintained; but it is through this co-operation of the powers of the voluntary and involuntary nervous system that the nerves of special sense are endowed and enabled to perform the greater part of the automatic movements indispensable to their functional perfection. That which has been settled as positive fact by the researches of modern physiologists, in these respects, may thus be summed up: *There are three main centres of nervous action*—practically independent, but acting in unison in the normal state—the *spinal cord*, or the excito-motor system; the *sensory ganglia*, or the consensuous system; and the *cerebrum*, or the physical laboratory from which our notions, ideas and voluntary efforts first manifest their action on the world without.

Having thus brought down to the present time our very cursory view of the History of Physiology with reference to the nervous system, we are ready to make some detailed remarks on the work before us. In the first chapter, on the *Sense of Touch*, Dr. Flint gives a very clear illustration of the so-called Muscular Sense, which may be a naturally acquired one as regards the lower extremities, for example, as in standing and walking; but which may be an artificially acquired one as respects the hands, as in detecting light weight and adulterated metal, while rapidly handling and counting coins. He gives also a very full "Table of Variations in the Tactile Sensibility of Different Portions of the Skin," after Weber and Valentin. But we look in vain for any notice of the truly philosophical distinction between the sense of feeling—*Gefühlsinn*—and the sense of touch—*Tastsinn*—the latter, like the muscular sense itself—*Muskelsinn*, depending upon motion. We feel for instance, the coldness of the air, even without any movement of the atmosphere. But in touching, "we must first from within produce in the muscles a motion, in order to experience the resistance of the object."‡

* J. D. Morell.

† Condensed from J. D. Morell.

‡ Professor George.

Olfaction, the Sense of Smell, which forms the subject of the second chapter, is very concisely treated and explained. The same idea of motion, which we observed as pertaining to the sense of touch, may be extended to that of smell, the olfactory nerves being endowed with an exquisite faculty of *feeling* the more subtle qualities of bodies whose minute particles are brought in contact with them. The motions produced by this contact are conveyed through the nerves, until they reach the fountain head, where sensation is changed into perception, in physical language, but where, in the stricter language of psychology, perception merges into sensation. The most practical point connected with the physiology of olfaction is found, if we may be pardoned the expression, in its pathology; the loss of no other sense being more common in unimportant and trifling diseases like catarrh. While the loss or impairment of no other sense affords reason for more serious apprehension when there are grounds for fearing cerebral degeneration, notably of the olfactory bulbs.

(To be concluded.)

TRAITEMENT HOMŒOPATHIQUE DES MALADIES DES ORGANES DE LA RESPIRATION. PAR LE DR. A. CHARGÉ, Officier de la Légion D'honneur, etc., *Paris*: J. B. Baillière et fils, 1874. Royal octavo, pp. 454. Prix 10 Francs.

For many years Dr. Chargé has been an active and able advocate of Homœopathy, both as a writer and as a practitioner. From 1835 to 1869 we find the titles of no less than ten distinct treatises and medical journals written and edited by him. The present work, the first on *practical* medicine, is shortly to be succeeded by others of the same class. An ardent controversialist and warm-hearted exponent of the homœopathic law, our author cannot forget the people even when writing for the profession, and hence he makes the present work "pour être utile aux malades et aux medecins" for the use of patients as well as physicians. And the popular nature of the work is seen in one respect, in which it is exactly opposite to that of Bæhr, viz.: the pathological portions or descriptions of diseases are brief, while the therapeutical portions or indications for medicines are more copious. For example, Pneumonia in general is discussed in less than three pages, while the indications given for the twenty-seven medicines mentioned under this head occupy fully sixteen pages.

In an ample preface, and in a very animated style, Dr. Chargé treats of various points connected with the homœopathic law, and follows the example of the illustrious Hahnemann in appealing to the cures unintentionally made in accordance with that law in the old school. He refers to Sydenham, who with Opium successfully treated (continued) fever characterized by drowsiness; to Rivière, who, in 1656, cured ataxic intermittents marked by *sopor*, by giving Opium in the intervals between the paroxysms. He cites the patient who recently, at La Charité, remained for three days plunged into the most profoundly comatose state, completely deprived of vision, speech and all intellectual faculties, who recovered from this frightful lethargy after having taken Opium. Here let us observe the double force of these cases; the *post quod* and therefore *propter quod* sneer does not apply to them; for if the Opium had not antidoted the drowsiness, it could not have failed to increase it, so that it would have been impossible for the sufferer to have recovered after having taken it, unless he at the same time recovered on account

of having taken it. Our author refers also to the allopathically well-known pathogenetic and similar curative action of Sabina and Cantharides, and to the publicly recognized corresponding pathogenetic and healing influences of the mineral waters Bonn, Kissingen and other Spas, in confirmation of the homœopathic law.

The Contents of the several chapters will give an accurate idea of the nature and scope of the work. Chapter I. treats of diseases of the Nasal Cavities: Coryza, Acute and Chronic; Ozæna; Epistaxies; Polypus. Chapter II. Diseases of the Larynx and Trachea: Laryngitis, Acute and Chronic; Spasm of the Glottis; Pseudo-Croup; Croup; Aphonia. Chapter III. Diseases of the Bronchia: Bronchitis, Acute (mild and intense) and Chronic; Capillary Bronchitis; Grippe; Hooping Cough; Asthma. Chapter IV. Diseases of the Lungs: Pulmonary Congestion; Hæmoptysis; Pneumonia; Pulmonary Phthisis. Chapter V. Diseases of the Pleura: Pleurisy; Hydrothorax. Chapter VI. Cough. Chapter VII. Expectoration. Under the last two heads are given the special characteristic indications of all the remedies mentioned for cough and expectoration—147 of the former and 99 of the latter. Here, and, as already intimated, in the body of the work, the particular symptoms of the complaints are fully stated for each medicine and each disorder. And this will prove one of the most valuable features of the whole work, which contains many remedies entirely new, or but little known and used in this country for these diseases; such as: *Acalypha* for hæmoptysis and expectoration, *Arnanea*, *Balsam Peru*, *Bounafa*, *Bufo*, *Carduus*, *Codein*, *Comocladia*, *Curare*, *Cynoglossum*, *Erysimum*, *Erythroxylon*, *Eugenia*, *Glecoma*, *Inula*, *Kali permang.*, *Kaolin*, *Limax*, *Lichen*, *Lysemachia*, *Merc. cyan.*, *Myrtus*, *Narcissus*, *Niccolum*, *Pulmo vulpes*, *Silphion*, *Tabacum*, *Tussilago* and *Viscum album*,—principally for cough and expectoration. These indications of remedies either little known or less used, we propose to translate for a future number of the Monthly; trusting thus to give our readers at the same time a valuable paper and a favorable specimen of this interesting work.

So far it has been our object to give some definite account of this work rather than an opinion of its merits. But it is no more than justice to the learned author to state that our conception of the value and practical utility of his production becomes more clear and deeply impressed the more we examine it. And while returning hearty thanks to the author for this important addition to the therapeutical literature of Homœopathy, we are sure that every physician who is at all familiar with the French language, will thank us if he follows our advice to procure a copy. Like the venerable *Jahr*, his colleague, *Dr. Chargé* speaks from an experience of "forty years." In acute diseases he employs the medium dilutions, with the exception of *Chamomilla*, which he prefers in the 200th. In chronic diseases he uses exclusively the 30th and 200th.

In concluding this brief notice of a valuable work, we cannot choose but append the following touching words from the last page of the author's preface:

"Mon âge et ma santé m'obligent à un repos relatif, mais dans ma retraite, je fais ma consolation de ces pauvres malades que j'ai tant aimés, et pour vivre dans le souvenir de quelques amis, je consigne par écrit mon expérience de quarante années de pratique médicale homœopathique. * * * Toute ma vie, j'ai ambitionné le titre de médecin utile, ce fut mon premier mot au début de ma carrière, ce sera mon dernier."

SURGICAL EMERGENCIES: TOGETHER WITH THE EMERGENCIES ATTENDANT ON PARTURITION AND THE TREATMENT OF POISONING. A Manual for the general use of Practitioners. By Wm. Paul Swain, F. R. C. S., etc. 82 Illustrations. *Philadelphia*: Lindsay & Blakiston, 1874. Pp. 190.

THE COMPLETE HANDBOOK OF OBSTETRIC SURGERY: OR SHORT RULES OF PRACTICE IN EVERY EMERGENCY from the simplest to the most formidable operations connected with the Science of Obstetrics. *With numerous illustrations.* By CHAS. CLAY, M. D., etc., of Manchester, England. From the Third London Edition. *Philadelphia*: Lindsay & Blakiston, 1874. Pp. 328.

Notices of these two valuable publications will appear with the November issue of this journal.

EDITORIAL NOTES.

THE HOMŒOPATHISTS OF GERMANY AND THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. From a copy of "*Mittheilungen an die Mitglieder des Homœopathischen Central Vereins Deutschlands*," No. 10, 1874, Leipzig, kindly sent us by Dr. Willmar Schwabe, the following is translated, showing the action of the Verein, at its recent session in August last, regarding "The World's Homœopathic Convention" to be held in Philadelphia in 1876.

To the Members of the Homœopathic Central Society of Germany:

The Executive Committee of this Society has received a written communication from the "Committee of Arrangements of the World's Homœopathic Convention to be held in Philadelphia, 1876" under the auspices and control of "The American Institute of Homœopathy," conveying a request for: a report upon the history and development of Homœopathy in all the German-speaking countries; an enumeration and description of existing homœopathic Societies and Institutions; a history of German Homœopathic Literature; and a statement of legislation affecting homœopathic practitioners and their present legal status. These works are to be published with the Transactions of the World's Convention to be held in Philadelphia, 1876.

It being extremely desirable that we should respond to this request, we desire such homœopathic authors as may be willing to devote themselves to the preparation of these reports, to notify us of their purpose as soon as possible, and to forward their respective papers as early as April 1st, 1875—to the Leipzig member of the Executive Committee, Dr. Clotar Müller, 5 Rudolphstrasse.

The blending of these papers into the form of one Report will then be assigned—if no physician voluntarily assume the task—to some one who shall be selected for the purpose at the session of next year.

We are moreover requested to contribute to the proceedings of the World's Convention, for publication also in its Transactions, a scientific article, relating either to the *Materia Medica* homœopathica, or to Clinical Medicine, or to Surgery or to Obstetrics.

Without forestalling the intentions of individuals among us, or such action as may be taken by the Society at next year's session touching this request, we should think it suitable to select for the purpose, some one of our prize essays, and we, therefore, urge upon our fellow-members an earnest and numerous competition.

The Executive Committee.

Leipzig, August 20th, 1874.

THE HAHNEMANNIAN MONTHLY.

Vol. X. Philadelphia, November, 1874. No. 4.

ON CHARACTERISTIC SYMPTOMS.

BY J. H. P. FROST, M.D.

[*Concluded.*]

LET us now present a case in which a well-known characteristic symptom led to the successful employment of a remedy in a form of disease to which it had not been supposed to be particularly adapted.

Mrs. H. E., æt. 34, was affected with what was called sciatica; the difficulty began about a year previous; pain in the left lower limb; worse inside the thigh and in the calf of the leg; pain like the toothache; a neuralgic pain which makes her feel faint; no swelling or other perceptible change in the appearance of the limb. The limb is very painful at night; in her present state she cannot bear her weight upon it at all; she cannot sit, has to lie down on the sofa, her husband bringing her down stairs in his arms in the morning and carrying her back at night. The whole leg is tender to the touch; she cannot bear to have it hang down, as when sitting in a chair, but must lie at full length; pain greatly aggravated by the slightest motion. There is much stiffness but not so much pain when she is still; she is much worse from the least movement. The use of the limb was entirely lost, and she expected nothing less than that the trouble would terminate in paralysis, which was not unknown in her family. This case was curiously complicated with a pregnancy and a miscarriage at six months. The affection of the limb began some two or three months previous to the pregnancy, and, as she believed, was very little affected by it, except in the following

particulars: Six weeks previous to the miscarriage actually occurring, she began to flow abundantly, and so continued, from *placenta prævia*, till the child was removed through an opening in the placenta. The subsequent hemorrhage was also severe, by which, of course, she was much reduced. But singular to relate, her leg troubled her very little while thus flowing before the miscarriage, and none at all during the subsequent hemorrhage. But as she recovered from this the pain returned in her limb and grew worse for several weeks, till she was reduced to the helpless condition just described, at which time, February 3d, she first came under my care. The most remarkable symptom of her disease was the excessive sensibility to increased pain from motion. And so plain were the indications for the medicine, that I preferred not to visit her, the old-school physician having just been dismissed. I sent her, therefore, some powders of Bryonia³⁰. In a week her husband said: "*My wife complains of feeling better.*" In three weeks she was able to walk down stairs; in two more she walked down town without injury; and she is now in better health than for years before. This lady received nothing but the thirtieth of Bryonia, of which she took two or three powders daily; and the cure, which attracted great attention, was thought the more remarkable from my merely sending the medicine without deeming it necessary to go even once where an eminent allopath had so signally failed.

V. But the most infallible characteristic symptoms are those that appear *in groups*. And it is believed that whenever a real characteristic symptom of a particular remedy presents itself, however obscurely, other indications for the same remedy may also be found present in greater or less abundance. And this is the very function and highest use of the recognized characteristics, to lead us to inquire if the remedies they suggest are not the very ones most truly indicated by the accompanying symptoms. But when an actual group appears of what may be termed the characteristics of a particular remedy, the case is decided at once; for "in the mouth of two or three witnesses every word (or thing) shall be established." Last year, Mrs. R. T., a young married woman, had at the third month a miscarriage of her first conception. She was away from home at the time and I did not see her. This year, May 13th, her husband called me to prescribe for her, threatened with a similar misfortune at about the fifth month. For some reason not set down or now

remembered, I gave her Arnica, and she promptly recovered. Calling again on the 3d of June, I found the symptoms much more serious than before. She had been flowing for several days; the bearing-down pains were quite severe and kept her awake the greater part of the previous night; she complained very much of suffering from pain in the small of her back. Her mother told me (afterwards) that the mischief was brought on by her taking a long walk in the wet grass and getting her feet wet. I knew she had been working too hard, and believed she had strained herself, and that a commencing prolapsus uteri formed a considerable part of her trouble, since walking about renewed the pains. For this reason I decided to give her Helonias, yet with no hope of arresting the miscarriage, for the hemorrhage had been so long-continued, and the pains had become so strong that she seemed to be already in labor, and was no longer able to be up. I put a small quantity of the mother tincture in water, directed her husband to give her, with his own hand, a tablespoonful every hour, and charged her to keep perfectly still in bed. This prescription in a couple of days removed the whole difficulty; cured the mother and saved the child.* Those who will refer to Helonias in the third (1873) edition of Dr. Hale's New Remedies, "Characteristics," will find there recited all the symptoms and conditions of this patient, although the remedy was in the first place suggested to my mind for the threatening prolapsus, rather than for the impending abortion, which I had no expectation of preventing.

Mrs. A., æt. 30, had been in indifferent health for a couple of years, mainly in consequence of living in a damp house in an ague neighborhood, and having had chills several times; which latter, as I have remarked in numerous other cases, had caused such deterioration of the blood as predisposed to hemorrhages. Her menses were very profuse, actual floodings, with large, coagulated, conical clots, which, at first sight of one of them, made me suspect an abortion; but when the attendant said there had been *nine of them*, I gave up that idea. Sabina made a change for the better from the very first dose. There were no more clots; she quickly recovered; received afterwards some constitutional remedies. Sepia principally, and the next year gave birth to a healthy child with no trouble to herself. Here the characteristic group for Sabina would

* Since born "in good order and well-conditioned."

be: Profuse menses, an actual and dangerous uterine hemorrhage, and the formation of numerous large clots.

Mrs. B., æt. 40, had always been subject to profuse menstruation; never had any children; was a large, fleshy, flabby, bloated-looking woman, with a very sallow complexion, inclined to be (and formerly had been) dropsical from excessive loss of blood. Profuse menstruation, which seems to her to be principally "water and clots;" she says there is no outward flow when she lies still, but the clots pass out of the uterus when she gets up, and also water; she feels so full in the uterus that she must rise to get rid of the clots. She received Sabina, which did not arrest the flooding. At my second visit in the P. M., after giving the Sabina in the A. M., she seemed better, and I believed the Sabina was the right remedy. But she *flowed fearfully during the night*; when I saw her in the morning she was no longer able to rise to get rid of the clots; the flow still continued; she was very low, scarcely able to speak aloud, and in a most critical condition. I gave her the *Ustilago maidis*, in the mother tincture, mixed with water; this remedy, which she ought to have received the day before, saved her. From the moment of commencing with the *Ustilago* she improved; but she had been so reduced by the enormous loss of blood, that it was two or three weeks before she was able to sit up a little. For prudential reasons I kept her in bed till after the time of her next monthly period, and a week or two longer; but the menses returned no more. And now, after the lapse of six months, it may suffice to say that she has continued to improve in health, and is thankful to believe that her old difficulty has left her for good. Turning to *Ustilago* in Hale's "Characteristics of New Remedies," you will find among numerous other symptoms of this patient: "*Menorrhagia at the climacteric period; Active and constant flowing, with frequent clots.*" The knowledge of either Helonias or *Ustilago* to be gleaned from this book, as utilized in a single case such as I have cited, will many times repay the cost of the whole work.

Wm. J., a colored man, æt. 50, had been a night watchman in a mill for some years, and, like many others thus engaged, had gotten into the habit of taking very little sleep by day. He was also a great consumer of tobacco, both in chewing and in smoking. Having lost his situation by the closure of the mill, in the effort to support his family after a long season of involuntary idleness he undertook to chop wood at

some place two miles from home. This was in March; the weather was very severe; he was much exposed, and in order to get any thing done at so great a distance it was necessary to start very early in the morning. Then after working till dark in the afternoon, he had his long walk home, and after supper, instead of going to rest from the labors of such a day, he would work till near midnight, making birch brooms to increase his scanty earnings. Under these circumstances it is no wonder that he was seized with a hemiplegia of the left side; he could not raise his arm, and could scarcely hobble across the room. I ordered him to omit coffee, stop his tobacco, and keep very still, and gave him the mother tincture of *Nux vom.* in water, strong enough for him to taste it. With this he recovered; but from some imprudent exertion he very soon had a relapse and was worse than before. This time he was frightened enough to keep quiet, and in a few weeks he was able to work again, having received nothing but the tincture of *Nux vom.* as above, a dose four times a day. Here the bad effects of the excessive use of tobacco and of the loss of sleep unite with the *left side* paralysis to make up a group strongly characteristic of *Nux vom.*, which, accordingly, for this poor man wrought a most gratifying cure. In a similar partial *left side* paralysis, to which another patient of mine, an over-worked mother and sewing woman, is subject, aggravated always by mental distress or excitement, I have found the same remedy very efficacious, although it could not restore to the chronically affected side and limbs the vigor they had in former years.

Having given several cases illustrating the characteristics of remedies administered in the very lowest homœopathic preparations, I will conclude this paper with one in which *the very highest potency* hitherto known was employed with equally prompt and manifest success.

Mrs. R., æt. 40, had been for several years subject to the attack of Hay Asthma, which very punctually made its appearance about the first of May. Last year she first came under my care, having been brought to death's door and her life despaired of under the influence of powerful drugs. By the aid of the two-hundredth of two or three remedies, which seemed successively indicated in her then condition, she was promptly relieved, and recovered in a short time. This year, in anticipation of her danger, and as being particularly suited to her state, on the 13th of April I gave her a few powders of

Arsen.³⁰, which seemed to have kept back the asthma till about the end of the first week in June. Then she sent for me, from some distance in the country, but on the very day after I had gone to attend the meeting of the American Institute at Niagara. Being informed of my absence, she declared she would sooner die than have any of the other physicians, "for," she said, "they would kill her anyhow." So she waited and suffered, receiving some help, however, from a few powders of mine which she found in the house. As soon as possible on the morning of my return I visited her; found her suffering with profound nervous debility; she could neither lie down nor sit up with comfort, from the great distress of breathing incident to her complaint, but was most *relieved by walking out in the open air*, although scarcely able to stand when supported on either side. From protracted suffering, loss of sleep and inability to take food, she was completely worn out. I gave her at once one dose of Nux vom. of the *millionth potency* (a blank powder dissolved in water to take during the day), and another powder of the Nux vom.^{mm} (1000000th) to take at bed-time; she declared she felt better before I left the house. When I came the next day she stirred round and got me a lunch, to show how smart she was, and the week following she walked four miles to town, without feeling the worse for it the next day. Seldom have I witnessed a more decided and powerful action of any medicine than this, which, by making a prompt and perfect cure proved itself to have been, even in the *millionth potency*, exactly homœopathic to the whole case.

And lest any should suppose that this lady recovered without aid from actual medicine, I will relate another case showing the still more active operation of pellets from the same tiny vial of the millionth potency of Nux vom. Mrs. P., a lady who in consequence of "spinal weakness" and general debility had for a long time suffered from constipation and difficult evacuation of scybalous stools at long intervals, took at bed-time a few of these pellets. The next morning her husband informed me that very much to her surprise she had had a stool more prompt, natural and easy than she had known for years before. After two or three days she took another dose of the same medicine, which was with equal promptness followed the next morning by a similar discharge. A third dose of Nux vom.^{mm}, taken of her own accord and too soon after the second, brought her into the following con-

dition: "*Awoke at four A. M., with much suffering, and was attacked with a watery diarrhœa with severe tenesmus, not relieved after stool, and much burning at the anus.*" These were her own words; she had never been subject to diarrhœa, was in her usual health when she took the Nux vom., and was perfectly satisfied that this medicine alone caused this attack, which kept her in bed a whole day. I directed her to inhale the vapor of Camphor once an hour, and this gradually removed the whole difficulty, so that she was about again the next day. Subsequently this lady found that by taking a dose of Nux. vom.^{mm} twice a week, her bowels would be kept in a very natural condition, a condition unknown to her for fifteen years previous.

A CASE OF PLACENTA PRÆVIA.

BY H. N. GUERNSEY, M.D.

AN exception to the general rule for the management of *placenta prævia* cases, as explained in the Second Edition of my work on Obstetrics, page 401.

Not very long since I had a case of *placenta prævia*, centre for centre, which could not be managed in the usual way. When the time arrived for puncturing the membranes through the placenta, I found the latter too high up to be reached by the catheter or the finger. The hemorrhage had become so exhausting as to render it unsafe to wait any longer. My only alternative was to introduce my hand into the cavity of the pelvis, when I easily passed my index finger directly through the placenta and membranes. The liquor Amnii was slowly evacuated by my keeping my hand in position till the water stopped flowing. The hemorrhage ceased, and the pains came on vigorously, but not effectually as is usual in ordinary cases. The placenta was so large that it completely blocked up the superior strait and the child could not engage therein. The strength of my patient was likely to fail, so I reintroduced my hand, passed it through the placenta, took hold of a foot, turned and delivered the child very easily, but it was still-born. Had I turned and delivered on first introducing my hand, I think the child might have been saved. At all events, should a similar case occur I would certainly proceed to deliver on the first introduction of the hand, provided the os was sufficiently dilated. The forceps would do better in all respects, but their application in this case was not possible. The mother made a rapid and perfect recovery.

CONTRIBUTION TO THE KNOWLEDGE OF THE PHYSIOLOGICAL ACTION OF ARSENIOUS ACID.

BY PROF. R. BOEHM.

(Translated by S. Lilienthal, M.D.)

IN relation to the functions of the *circulatory organs*, experiments show, First. Arsenious acid injected into the blood of mammalia causes an enormous sinking of blood-pressure with retardation of the pulse. Second. This phenomenon may be explained partly by paralysis of the abdominal blood-vessels, partly by a diminution of the power of action of the cardiac muscle. Third. The cardiac nerves show normal relations in animals poisoned by Arsenic. Fourth. The blood-vessels of the parts governed by the sympatheticus are not paralyzed by the poison.

In relation to the action of arsenious acid on the *digestive tract*, the experimenters remark that even to-day many authorities ascribe to the acid a locally irritating action, but nothing is known about the chemical cause of this action. It possesses neither a special relation to water nor to the albuminous bodies, and offers therefore no comparison to other corrosives. Comparisons were therefore made by giving the poison *per os*, and by injection into the circulation, and when two animals are killed with Arsenic by these two methods, autopsy fails to reveal which of the animals received the poison *per os* or *per injectionem*. But the symptoms during life are alike also, with only this difference *that the smallest fatal dose in the application per os does not suffice to kill a like animal with the same dose injected into a vein, and that in the latter mode death supervenes later than from poisoning per os* (the poison was always given in a watery solution, and the experiments made on cats and dogs). In either mode of poisoning the symptoms did not vary much, but the autopsies showed several things which were till then not valued enough. The mucous membrane of the stomach is found, after either experiment, in its entire extension, of a dark-red color, considerably swelled, and of a velvety appearance. The redness extends only to the most superficial layers of the mucosa. In the serosa of the stomach, numerous large ecchymoses are found, with excessive fulness of the blood-vessels. The contents of the stomach were always colored dark-red and of a muco-fluid quality, just like the matter vomited during life. Loss of substance in the mucous membrane of the stomach was never observed, and

even microscopically no degeneration of the glands of the stomach. The mucous membrane of the intestinal canal is covered in its whole extension with a dense membrane of one *Mm.* thickness, of a yellowish color and of a jelly-like consistency, which appears microscopically to be composed of numerous pus-cells imbedded in a structureless material. This pyogenic membrane may be easily taken off in long pieces, and we find under it the intestinal mucous membrane usually covered with small ecchymoses of the size of a millet-seed. The microscopic observation of perpendicular cuts through the intestinal tube shows the villi strongly swelled and bereft of their epithelium. In its substance numerous pus-cells are also imbedded, but loss of substance or large ecchymoses are also never found in the intestines. The other organs, especially the glands, show nothing remarkable; the liver and kidneys never show any fatty degeneration. Constant were the ecchymoses in the endocardium of the left ventricle, and frequently also in the other serous membranes.

The absolute identity of the autopsies after both methods of poisoning rather contradicts any corrosive action of the poison. Those who favor the corrosive action suppose that the poison, after the injection into the blood, is deposited from the blood in the intestinal canal, but *Quincke* (*Archiv für Anatomie und Physiologie*, 1868) showed by his experiments on the excretions of different substances through the intestinal canal that arsenical preparations only give here a negative result. An exact chemical examination of the contents of the stomach after injection of arsenious acid into the blood was therefore considered necessary. We collected the perfectly bloodless contents of the intestinal canal after previous ligation of the stomach, and proved them for Arsenic after destruction of the organic masses with muriatic acid and chlorate of potash, precipitating with sulphuretted hydrogen and dissolving the precipitate in sulphuric acid, etc. In three cases Arsenic was detected in the most undoubted manner, although only in traces. In no case can such a result serve as a proof that the excretion of the poison injected into the blood into the intestinal tube produces there the gastro-enteric symptoms. We acknowledge that we do not yet know the action of Arsenic. *Schmiedeberg* leads our attention to the remarkable consonance between poisoning by Arsenic and the action of sepsin—a poison where every local action is wanting. Just as clear is the analogy with Asiatic cholera. Is it therefore not more

probable that Arsenic acts only through the blood, and may not the paralysis of the blood vessels play a part in originating the gastro-enteric manifestations?

(*Archiv für experiment. Pathologie und Pharmacologie*, II., 2, 3, 1874.)

HOMŒOPATHY A SYSTEM OF SPECIFIC TONICS.

BY J. T. GREENLEAF, M.D.

THE statement so often made by our allopathic rivals, that there are no tonics in the homœopathic *Materia Medica*, is so strongly fortified in the public mind by the tacit consent or the active and practical belief of its truth by practitioners of our own school, that I wish to set lance in rest for a joust with the falsehood, and to defend our own complete and accurate system of tonics.

Dunglison informs the searcher after medical information that, "in therapeutics a tonic is a medicine which has the power of exciting, slowly and by insensible degrees, the organic actions of the different systems of the animal economy and of augmenting their strength in a durable manner."

Now if we observe that in the present age the struggle of the so-called regular school to rediscover the screw, that is, to define for each agent used in medicine a specific action and sphere of action, has revealed to the eager seeker after new things just what Hahnemann announced to the world years ago, that there is such an action, and that it can be defined; and we add the well known fact that homœopathy attacks disease on its own ground, in what ever tissue or organ that ground may be, instead of making new trouble in some other locality; and closing with a relation of the result of the experience of hundreds of honest and skillful observers that remedies used in the minimum dose and exhibited on the homœopathic principle do augment the strength of the various tissues of the animal economy in a durable manner, I am sure that the logical conclusion must be that homœopathy is a system of specific tonics.

If all this be true, why should this wholesale indictment of homœopathy not have been quashed at the outset? Simply because so many of the practitioners of our school are in the habit of prescribing for all cases of debility iron or cinchona, or one of the many patent compound elixirs of phosphorus, the hypophosphites or cod liver oil, which comprise the ar-

mamentarium of the old school for a similar condition, instead of individualizing the case and thereby proving their conscientious belief in the principles of the school they attach themselves to, and under whose broad and sheltering name and influence they get their daily bread.

A case or two is added as an evidence of the result of the use of the peculiar or proper specific tonic in practice.

First. A young man, æt. 20, a farmer, sanguine temperament, took cold and developed therefrom pneumonia with typhoid symptoms. Acon.³⁰, Bryon.³⁰ and Bryon.²⁰⁰ with Hyosc.³⁰, relieved the main symptoms. A critical discharge per anum on the eleventh day, of thin, black, bloody, offensive stools, was checked by Arsen.³⁰; rapid recovery dated from control of this discharge and continued seven days, then a complete stand-still was reached. There was no pain, little or no cough, expectoration easy and scanty, consisting mostly of mucous sputa with small flocks of semi-albuminous matter, respiration 20 and regular, pulse 90, full and soft, stools regular and normal, urine normal, no appetite—had an excellent and almost a canine desire for food since the crisis—no strength and no feeling of desire or hope of getting well. Carb. veg. and China both failed. Impelled by cowardice, lest I should lose the family unless something were done very soon, on the fourth day of this condition of things I gave an elixir of ferrum and calisaya. On sixth day of debility and twenty-fourth of disease, there was no more strength, no change for the better, and in addition to or exchange for the condition before administration of the iron, a very decided irritation of the stomach, restless nights, regular stools checked, urine rendered scanty and high colored, a dry, hacking, fatiguing cough, and some pain and soreness in chest, with quickened and wiry pulse. Attributing all this to the elixir I decided to stop it. But what then? Resort to salicine, to muriated tincture of iron, to quinine? Or decide that the reasoning of those who customarily use the remedy I had appropriated was correct and return again to an antiphlogistic treatment? Decided to give it a few minutes of honest study. Found under Psorinum, “great debility after loss of fluids or acute diseases.” Gave two doses of it in the 200th, and was gratified by a complete revolution in twenty-four hours, and recovery in ten days without further medication.

Second. One of those slight wiry women who live by

will-power, and never give up till they are obliged to do so, has terrible dysmenorrhœa; the spasms are clonic and involve even the flexors of fingers and toes, attended with chilliness and faintish feelings but not syncope, slight nausea. Cuprum²⁰⁰ relieved in short order. Says she could bear the pain if she were not always left so weak for eight or ten days after. Finding nothing to tack a prescription to I gave iron by hydrogen, with no perceptible effect. Next month the usual programme, with addition of opisthotonos; Cic. vir.²⁰⁰ relieved as readily as Cuprum did before, but debility obtained as it did last month. Indicated by a characteristic of Burt's, "menses too soon, last too long, but not profuse; feels greatly exhausted during its continuance, is hardly able to speak," I gave Carbo an.²⁰⁰ and had the pleasure of seeing the debility put to flight in twenty-four hours, and with it went my doubts of the efficacy of the high potencies to *tone* up any case of debility to which any one of them may be *the* similar.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

(Concluded from page 112.)

43. *Thuja*. February 17th. A boy, æt. 13 months. *Unvaccinated*.

Variola, confluent on face. This is the third day of eruption, which extends all over body and limbs. Restless at night; feverish; yesterday sickness.

Thuja^{1m} (Jenichen), one dose.

18th. Rest fuller. Right upper lid swollen.

19th. *Begins to scab on face*. Swelling under eyes. Two variolous pustules on tip of tongue. Several pustules on face, have black centres.

20th. Eruption on face dying. Less swelling under eyes. Lids partly closed by swelling.

21st. Sleeps better; less fever. Eyes open more; swelling less; still scabbing.

22d. Face still scabbing. Has scratched face and made it bleed. Pustules on legs have black centres. Diarrhœa to-day and yesterday. Face less swollen. Two pustules still on tip of tongue.

23d. Scabbing on arm. Diarrhœa slimy and green. Restless.

24th. Legs scabbing. Diarrhœa still.

25th. Diarrhœa nearly gone. Sleeps better. *Scabs begin to fall off face.*

26th. No diarrhœa. Scabs still fall off face. Sleep good.

28th. Scabs fall off arms and legs.

March 1st. Scabs all off face. *No pits.*

6th. Scabs all gone, except a very few on hands, feet and scalp. *No pitting.* Can walk well. Ceased attendance.

44. *Zincum.* Cutting upwards in left iliac region, in paroxysms; in a pregnant woman.

Zincum^{5m} (Jenichen) first aggravated, then cured.

45. *Mercurius.* A girl æt. 20. January 8th, 1873. Ears bad for two or three days. Watery discharge and hemorrhage from both ears, *first left then right.* Sides of neck red, swelled, tender. Noises like bells ringing, whistling or running of trains, in ears, *first left then right.* Shooting from left ear through head to right, and from left ear to left temple. Shooting is relieved by cold, worse by warmth. Discharge worse by warmth. Noises and shooting worse by lying on left side. Deaf. The shooting makes her hold head and shudder. Pulse 150, feeble. Pricking in ears before the discharge comes. Aching in ears, *first left then right.* 5.45 P.M. *Merc. viv.*^{10m} (Fincke), *one dose.*

9th. In less than two hours shooting decreased; in three hours it was gone, also the deafness of right ear, or symptoms of right neck. This morning noises less. 4 P.M., discharge less, especially of right ear; both ears bled in night. Noises still. To-day pricking is worse, followed by discharge. Hearing better at times. Pulse 120. Neck tender, but no redness or swelling.

11th. Last evening shooting from left ear downwards to neck; has continued till now. Pricking the same. Less discharge. No more bleeding. Hearing lost at times. Neck much less tender. Yesterday after chewing a lump seemed to rise from the right side of throat into right ear; to-day felt only in ear. Noises unchanged. Pulse 105.

13th. Aching ceased last night. To-day occasional shooting from left to right ear. No discharge from left ear; a little from right. No bleeding. Hearing better. No feeling of a lump. Noises unchanged.

14th. Quite well, and had remained so April, 1873.

The *aggravation* from *warmth* and *relief* from *cold* are given by Bönninghausen, but not under *Conditions of Pains* in Cypher Repertory.

46. *Phosphorus*. A boy æt. 15. November 13th, 1872. For eighteen months has had swelling of right tonsil. Mucus in throat, removed with difficulty; it is *quite cold* when it comes into the mouth; this it has been for a year. The mucus is white, nearly transparent, in lumps. Allopathic treatment did no good. They wanted to operate, but he refused to submit. *Phosphor.*^{cm} (Fincke), *one dose*.

December 11th. Less cold mucus for a week or two. Tonsil smaller.

30th. Mucus is a thick white jelly, *only* noticed morning and evening; no coldness noticed for two weeks; easy to raise. Tonsil much smaller.

January 13th, 1873. Mucus nearly ceased till two or three days ago, when he felt phlegm in the throat which he could not get up, or it makes him feel like choking. Tonsil nearly healed.

February 1st. No mucus or choking. Shooting like a needle through right tonsil.

18th. No more mucus or choking. No shooting for a week. Throat feels well. Tonsil almost natural size.

March, 1874. Has not returned. The important symptom *cold mucus in mouth* is given by Bönninghausen, but omitted in the Cypher Repertory.

47. *Aloes*. Mr. —, æt. 18. October 4th, 1872. Had chancre four months ago, which healed up under allopathic treatment in three weeks; but in three or four weeks more had piles and swelling in groin and perineum (showing that he was not *cured*). The swelling in perineum broke and discharged, then those in groins. Piles unchanged. Now has a pile on left side, as thick as the tip of little finger and one and a half inch in length; it bleeds occasionally. It itches and shoots when he is hot; shooting in it during stool; *cold water relieves* the itching and diminishes the swelling. For three weeks, shooting from right elbow in front down front of arm to wrist, which makes him drop what he has in his hand. The pile is moist; it is easier after stool. Has heat in pile. Costive. Has been three weeks under allopathic treatment for the piles and arm, but without relief.

Aloes^{cm} (Fincke), *one dose*.

14th. Pain in arm went in two days. No costiveness. Feels better generally. Pile has bled twice. Less shooting, itching and heat for last four days. No shooting during stool for four or five days. Pile same size. Two days after he saw

me the itching and shooting in pile were worse for two days, then got better and have been better ever since.

21st. No more pain in arm. Rather costive. Feels much better generally. Pile bled only once, and then less than before, with slight itching. No itching at any other time. No shooting; less heat. Pile shorter but thicker.

31st. Pile much smaller. No bleeding or itching. Shooting in it when walking, for two days. Stool returned. Very slight heat in pile. Feels better generally. Had a seminal emission three nights ago, and pile seemed more sore to touch next day.

November 11th. From November 2d to 4th, had the itching and sharp pain in piles, but less than at first; no return since. To-day the same old pain in arm slightly. Pile very much smaller for four days. Very much better generally for last fortnight.

December 3d. The patient who sent him to me reports him quite well.

It will be noticed in this case that the *pain* disappeared before the *swelling itself* was reduced. If the pain of any swelling decreases under homœopathic treatment *before* the swelling discharges, it is a *cure*; if only after the discharge, it is only a *recovery*. The symptom *relief of piles by cold bathing*, pointed out years ago by C. Hering, is *omitted* in the Stool chapter of the Cypher Repertory just published.

48. *Kali carb.* On coughing, feeling of a lump rolling over and over, rising from right abdomen up to throat, and then back again. Cured by one dose of ^{4m} (Jenichen).

49. *Cina.* Tensive pain in right temple as if drawn tight vertically, and on coughing feels as if it would burst. Cured by one dose of ^{1m} (Jenichen).

50. *Euphorbium.* Bruised pain in head, especially in occiput and forehead, worse in morning, better by cold applications. Cured by one dose of ²⁰⁰ (Leipzig).

51. *Cactus.* Contractive pain in region of heart going down to left abdomen; it catches the breath. Cold feeling in chest at the seat of the pain. Low-spirited; weeping. Cured by one dose of ²⁰⁰ (Lillie).

52. *Mercurius.* Drawing upwards in small of back on coughing. Cured by ^{10m} (Fincke), one dose.

53. *Natrum carb.* Shooting pain in left frontal eminence to left lower occiput. Cured by one dose of ^{3m} (Jenichen).

54. *Croton.* Diarrhœa four or five times a day, coming

on suddenly. Pain in abdomen, and faint feeling before, during and after stool. Sweats on face after stool. Cured by one dose of ^{cm} (Fincke).

Errata in Cases in H. M., p. 344, etc. (1874): p. 344, line 15 from bottom, for "*shock*" read *shoot*; p. 345, line 16, for "3 P.M." read 8 P.M.

CLINICAL EXPERIENCE AND PATHOLOGICAL OBSERVATIONS.

BY H. V. MILLER, M.D.

1. *Bronchitis and Pneumonia.*

ON account of the wet, raw, changeable weather last spring, bronchitis and pneumonia were prevalent here and throughout the country. In my experience, the most frequently indicated remedies were: in dry cough, Chamomilla, Hyoscyamus, Nux vomica and Phosphorus; in moist coughs, Calcarea carb., Pulsatilla and Sulphur. The specific indications for each remedy were more or less as follows, the italicised symptoms as usual in this report, suggesting the remedy:

Chamomilla. Dry cough worse at night and *during sleep*. *Child wants to be carried.* *Irrascibility.* It is sometimes required for adults.

Hyoscyamus. Dry, hacking cough with tickling in trachea, worse when speaking or at night preventing sleep, and *worse especially when lying down.* *Relief on rising up in bed.*

Nux vomica. Cough worse in the morning. Tickling in the throat. Constipation. Irritability.

Phosphorus. Hoarseness. Tightness across chest. Cough occasions sensation of soreness in chest or trachea. (See Eupatorium.) The inflammation of the mucous membrane develops a high degree of sensitiveness of those branches of the pneumogastric nerve by which it is supplied. This affection is to be distinguished from pleurisy and pleurodynia, which require different treatment.

Calcarea carb. Cough loose. Leuco-phlegmatic constitution. Profuse head-sweat, especially during sleep.

Pulsatilla. Cough loose. Worse towards evening. Relief in the open air.

Sulphur. Cutaneous papular eruptions. Hot palms and soles, and perhaps hot vertex. Also when apparently indicated remedies fail.

2. *Dyspepsia and Indigestion.*

Hydrastis. I have verified Raue's indications : *dull, aching pain and goneness in stomach ; acidity and constipation.* Nux vom. is often used when Hydrastis is indicated.

Nitric acid. Case: sensation of heavy weight in stomach after eating ; *strong-smelling urine ; easy sweat.*

Nux vomica and Pulsatilla are often suggested in this class of diseases when there is a *putrid taste in the mouth in the morning*, especially if the patient is compelled to *rinse out the mouth immediately on rising*. It then remains to compare these two remedies with the case, so as to ascertain which is specifically indicated. This is an easy task, because the matter is decided by the time of aggravation and the temperament or disposition of the patient, Nux vomica having a *morning aggravation* and a *hypochondriac and irritable temper*, while Pulsatilla has an *evening aggravation* and a *mild and yielding disposition easily excited to tears*.

Sulphur. When, by a cursory examination, Nux vomica and Pulsatilla are suggested, but the time of aggravation corresponds to neither, Sulphur is to be thought of, for it also has a *putrid taste in the mouth in the morning*, and it is analogous to those remedies. Some general indications for this remedy may be found.

Anacardium. I have repeatedly verified Doctor Martin's indications for this remedy in dyspepsia ; "*the symptoms disappearing while eating and returning again in two hours.*" (Dyspeptic symptoms temporarily relieved by eating : Chelidonium, Lithium carb. and Petroleum.) The seat of the disease may be located in the duodenum or small intestines. According to Watson, "patients that suffer from flatulence when the stomach is empty, have the oxalic diathesis, which usually belongs to dyspeptics." Gout, indigestion and some other diseases, are caused by the lithic diathesis, denoted by an excess in the urine of uric acid and urate of soda.

*Stannum*⁶, once did me good service in a case of chronic gastralgia characterized by a *gradual increase of pain until the highest point was reached, and then as gradual a decline*. For *profuse and debilitating leucorrhœa*, I find it an invaluable remedy.

3. *Zona.*

*Graphites*³⁰. A case of *zona on left side with pain in thoracic muscles on motion, itching vesicles and restlessness*

at night, was immediately relieved by this remedy and soon cured. Dose repeated several times a day.

4. *Impetigo*.—*Sepia*³⁰.

June 25th, 1872. A little girl, æt. 3½, fleshy, leuco-phlegmatic, for three years has had impetigo, consisting of a thick, putrid-smelling, pustular eruption covering the scalp like a skull-cap, surrounding the eyes, on the face, and appearing on the genitals. A papular eruption is scattered all over the body, with pustules here and there. Much itching. After scratching the scalp it bleeds. The hair is agglutinated. Excretion probably albuminous. *Urine putrid* when first voided. The impurities of the blood seek an outlet through the skin and kidneys. Bowels regular. *Sepia*³⁰. July 1st. Better every way. *Sepia*³⁰. July 15th. General improvement; urine normal; scalp smells less putrid; face and genitals healed. *Sepia*³⁰. July 29th. Much better. *Sepia*³⁰. August 19th. Profuse scalp-sweat during sleep. *Calcarea carb.*^{6m}. August 30th. Better of scalp-sweat and impetigo. *Calcarea carb.*^{85m}. Impetigo soon afterwards disappeared and the child was well.

In this case, the putrid urine and offensive impetigo indicated the putrescent state of the blood. On constitutional grounds, *Calcarea carb.* was first prescribed without apparent benefit, the case growing worse, as it did previously without medicine. Afterwards the putridity of the urine suggested *Sepia*, which nearly cured the patient. Finally the occurrence of profuse head-sweat indicated the appropriate time for administering *Calcarea carb.*, which completed the cure.

Eruptive diseases are called skin diseases on account of their location. But they originate in certain diseases of the blood of which they are symptomatic, and they are occasioned by the elimination from the blood of various impurities through the skin.

5. *Hydrothorax*.—*Bryonia*³⁰.

With this remedy I once rapidly cured a case of hydrothorax, other remedies failing. *Bryonia* was suggested by the characteristic symptom: patient *wished to take a full inspiration, but could not because the lungs felt as if they would not expand*. I have often verified the following additional characteristics of this remedy: constipation with hard, dry, burnt-looking stool, and faintness or nausea on rising from a recumbent state.

6. *Ascites*.—*Graphites*³⁰.

April, 1873. An old gentleman, æt. 81, has had ascites about six months, progressing steadily and apparently towards a fatal termination. There is considerable accumulation of serum in the abdominal cavity, and great œdema of the extremities, chiefly the lower, which are elephantine in size, with profuse and constant watery exudation from the skin below the knees. Epidermis exfoliated. Has been doctored for erysipelas. Raue recommends for such cases, *Rhus tox.* to be followed by *Lycopodium*. Various remedies were ineffectually applied, until I observed the *glutinous character of the exudation* (probably albuminous). *Graphites*, to me a new remedy in dropsy, was persistently used and was followed by a steady improvement and satisfactory cure in about three months. No return to date, September, 1874.

7. *Anasarca*.

The remedies that I have used with success, prescribed according to the symptoms of each case, are *Arsenicum*, *Apis*, *Hellebore* and *Sulphur*. I have found reliable the following characteristics:

Apis. *Very scanty urine, with thirstlessness.*

Arsenicum. *Thirst, drinking little at a time but often; great restlessness especially after midnight; sense of suffocation when recumbent* (compare *Apis*).

Hellebore. *Urine scanty, depositing a dark sediment like coffee-grounds* (hæmaturia—compare *Apis*).

Sulphur. Often required to complete the cure. General indications.

8. *Lameness in the sacro-iliac symphises*.

Æsculus hip. In leucorrhœa, constipation, hemorrhoids and rheumatism, I have repeatedly and with great satisfaction verified the key-note of this remedy: *pain and lameness in each sacro-iliac symphysis worse when walking; patient can scarcely walk on account of this lameness in the back, which seems to be of a rheumatic character.*

9. *Aggravation of pain after exercise*.

Rhus rad. A patient had for several days a painful swelling in the popliteal space of one limb, occasioned by a cold, preventing the extension of the leg. He complained of *pain in the tumor particularly after walking and exercising the leg*. *Rhus rad.* was followed by steady improvement until a cure was effected.

Bryonia gives pain during motion.

Rhus tox. during rest and on commencing to move after rest.—In the treatment of rheumatic affections, these three characteristics are worthy of note.

10. *Debilitating Perspiration.*

Psorinum. I have verified the following characteristic symptom of this remedy: Cold clammy perspiration from the least exercise.

11. *Defective Assimilation and Derangement of the Sympatheticus.*

I often meet with such cases and I generally find that they are characterized by clear indications for Sulphur; a noble remedy for nervous prostration. The symptoms may be aggravated by excitement or by any cause of debility. When Sulphur is indicated more or less of the following symptoms will be prominent: *Frequent hot facial flushes followed by perspiration and a faint feeling, vertex-heat and cold feet alternating with hot soles (cham.); 10 A. M. hunger or a faint empty feeling in the epigastrium; constipation or sudden and urgent early A. M. diarrhœa; great debility which cannot be accounted for by the amount of gastric and bilious derangement,* though the stomach and liver may be seriously implicated. The patient may complain that although the appetite is pretty good, little nourishment is obtained from the food. The function of nutrition is partially suspended and the blood is impoverished. Hence the sympatheticus suffers serious derangement. Such cases are often diagnosed as general debility caused by liver-complaint, for which bilious physic and alcoholic stimulants are perseveringly prescribed. Besides Sulphur, there are various remedies from which to make a selection, *e. g.*, Lachesis, Lycopodium, Sepia and Phosphorus.

Pathology of some sympathetic symptoms: Hot flushes are caused by irregular action of the vaso-motor nerves, producing a congestion of blood generally to the face, attended with heat and followed by faintness and perspiration. Any excitement of the circulation produces increased local heat. And a determination of blood to the surface increases the insensible perspiration. Division of the sympatheticus causes increased heat at the extremity of the nerve. Hence the symptoms vertex-heat and heat of the palms, soles and spine are caused by irregular action of the sympatheticus.

Division of the pneumogastric nerve does not destroy the sensation of hunger in the stomach. The only remaining nerves supplying the stomach are branches of the sympatheticus. Hence morbid hunger is caused by derangement of this system.

A COLCHICUM CHARACTERISTIC.

BY E. V. NASH, M.D.

CASE 1. Mrs. M., æt. 74, was taken with vomiting of blood in large quantities; cause not discoverable; color of blood at first bright-red. After Ipecac.³ the vomiting gradually ceased, and she began to pass blood by the bowels, in considerable quantities at first, but afterwards in small quantities, though very often and with great tenesmus and pain in the bowels. The blood passed per anum was at first bright-red, but afterwards, when in connection with the tenesmus, became very dark-colored and putrid. Nux vom., Mercur., Ipecac., Coloc. and Hamam., with an occasional dose of Sulphur, did not improve the case, but it continued to grow steadily worse for two weeks, until sixty-five of the putrid dark-colored blood and mucus passages occurred in twenty-four hours, and the following symptoms presented: Extreme weakness, cannot move her head from pillow without help; great thirst; *aversion to food* on looking at it, and *particularly when smelling it*. The smell of broth cooking two rooms away nauseates even to faintness (when doors are open between). Irresistible sleepiness, drowsiness (when not too much pain). The pains increase towards evening and do not diminish before daybreak. It was autumnal cold and damp weather. R. Colchic.²⁰, in solution, a dose once in two hours. During the following twenty-four hours she had but two passages, the pain had vanished, there was no nausea. The patient made a perfect recovery in a few days.

I have since cured promptly many cases of dysentery when this characteristic symptom presented. But it holds good also in other affections, as in the following:

CASE 2. Mr. S., æt. 20, caught cold by lying down on the ice after violent exercise while skating. He was next day taken suddenly with vomiting, first of food, then of fluid, and finally of considerable quantities of stercoraceous matter. Great pain, tenderness and swelling in the right ileo-cæcal and ilio-inguinal region. At first there were a few discharges

from the bowels of a slimy, watery substance, which, however, afforded no relief, followed by obstinate constipation; belching and great meteoristic distension of the stomach and upper part of abdomen, and the above mentioned characteristic symptom of Colchicum. After using Bellad., Mercur., Plumbum and Lachesis, according to symptoms as indicated in Raue, p. 264, I found my case growing still worse, the distension and pain in abdomen extreme on the thirteenth day. I had recognized this characteristic of Colchicum for days before this time, but not finding it recommended by any text-book for typhilitis, hesitated to give it, but other remedies failing, gave it in the 3d dil. The result surprised me and all who observed it. There was great aggravation of the pain with great rumbling in the intestines, the patient tossing in every possible direction in his agony. About six hours from the beginning of the administration of Colchicum he had a small discharge of impacted fecal matter, in hard lumps, from the size of a pea to that of a walnut, and a half hour after a copious passage of the same character, with marked relief of all his sufferings. Dr. Brown, of Binghamton, arrived in consultation, after the above mentioned passages had taken place, and expressed himself as much surprised.

In conclusion would remark that as regards this characteristic I have verified it in various complaints and consider it *most reliable*.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. M'GEORGE, M. D., SECRETARY.

THE society met at Parson's Hotel, Camden, N. J., on Wednesday, August 19th, 1874, at 11 A. M.

In the absence of the President and Vice President, Dr. A. Kirkpatrick was elected President, *pro tem*. Present, Drs. Blackwood, Brown, C. J. Cooper, Crow, Kirkpatrick, McGeorge, Streets and Van Derveer. Isaac Cooper, M. D., of Trenton, was proposed for active membership, he having moved back again into the district, and his name was referred to the Board of Censors to report at next meeting (all of them being absent).

Clinical Cases.

Under the Bureau of Practice, Dr. Kirkpatrick gave a case from memory of a man who had a severe pain in right

hypochondriac region, attended with high fever, etc., and who was hardly able to breathe. Gave *Acon.* and *Bryon.*, *low*. In a week or two he got better, so that he could move about, and he was discharged. In one week the doctor was sent for to see him again. This time the man kept moving about, and was always better after eating. Gave several remedies, but *Rhus tox.* was the only remedy that gave relief. He gave it *low*. Dr. Kirkpatrick had consulted with two eminent physicians of Philadelphia, but without any good results. What was the matter with the man? and how should he treat him?

Various opinions were expressed and several remedies suggested. (*Anac. Nux vom., Caustic.*, etc.) Several members suggested that he should give him *Rhus tox.* high, and observe the effect.

Dr. McGEORGE gave a case of a lady who had severe attacks of pain which led to the exhibition of morphia by an allopathic physician, with apparently good results. These pains were in the intestines or abdominal cavity, and followed each other frequently. Taking so much opium gradually constipated her bowels, which led to purgative medicine; in two or three days her bowels began to move, and then the trouble was to stop them. After the doctor had tried for six days to stop the diarrhœa, the family became discouraged and sent for Dr. McGeorge. Her condition when he saw her was not at all an encouraging one. Her bowels were moving every ten or fifteen minutes, accompanied with considerable tenesmus; stools of a chocolate color, very offensive in odor, but no slime nor blood; vomiting frequently, every time she would eat or drink or take her medicine she would throw it up immediately, and at times would vomit when she did not take anything; in addition to this her tongue was rough and dry, resembling a cow's tongue. *Nux vom.* helped her very much, and at once, but he could only get her along to a certain point, and now he wanted the advice of the members. *Arsen. Kali bichr.*, etc., did not work well.

Aloes, Secale and *Podoph.* were suggested as remedies likely to do her good. (*Aloes* was administered afterwards with very good effects, and the patient did well, but imprudence in diet threw her back again, and then *Aloes* was of no avail.)

Dr. CROW gave a case of a woman who had sinking spells at 3 A. M., from diarrhœa; had twelve or fifteen passages in morning after 3 A. M. Gave her *Secale* and she has had no sinking spell since.

A Case of Violent Metrorrhagia cured with *Bovista*—Characteristics for Remedies for Disordered Menses.

The following case, furnished by Dr. Isaac Cooper, was read by the Secretary, with remarks made thereon by him as Chairman of the Bureau of Materia Medica.

"A married lady had always menstruated profusely. After bearing children her catamenia became a fearful menorrhagia, completely exhausting her. There was nothing particularly characteristic further than a wonderful flow of blood, and an amelioration during the daytime when on her feet and an aggravation at night when lying down. This condition continued for months. All remedial agencies brought no relief through allopathic therapeutics, further than terrible spasms of the uterus, apparently brought on by indiscriminate use of ergot. After exhibiting remedies as they occurred to me, and then only palliative, as they would not control the hemorrhagic flow, I administered *Bovista* and she got well. During the prevalence of this trouble, her attendant advised her to become pregnant, which seemed impossible although during thirteen months, to use her own words "we never tried to prevent." Three months after taking *Bovista* she became pregnant when *they* did try to "prevent." She was delivered at full term of a fine, healthy boy, and has continued well, it now being nearly two years since I first saw her."

The case above is an interesting one, and cannot fail to be of benefit to us all. The symptoms "amelioration during the daytime when on her feet, with terrible aggravation at night when lying down," was no doubt the characteristic or keynote of the case. Lippe, p. 82, says of *Bovista*: "Catamenia too early and too profuse, or too late, too scanty, too short, *flowing only at night*."

In the Symptomen Codex, Vol. I., page 301, we find under *Bovista* these symptoms: "Catamenia retarded by two to five days; catamenia too short; catamenia too scanty; catamenia *flowing only at night*; catamenia too early by eight or nine days, and more profuse, particularly early in the morning, less at night; discharge of blood between the catamenia."

In Guernsey's Obstetrics (first edition), p. 282, we find under *Bovista*: "Menses too often and too profuse, flowing more in the morning and less at night, with discharge of blood between the periods." These symptoms, although entirely different from those in Dr. Cooper's case, are reliable, and enabled me

to cure a bad case of menorrhagia in a delicate patient, in February of this year, after *Ipecac.*, *China*, etc., only gave temporary relief. Since taking the *Bovista* there has been no return of the trouble.

While under this heading, the following comparison of menstrual symptoms may prove useful:—

Menses ceasing on lying down, *Cactus grand.*, *Caustic.*

Menses ceasing to flow at night, *Caustic.*

Menses ceasing to flow in the afternoon, *Magnes. carb.*

Menses flow only when pain is absent or during sleep, *Magnes. carb.*

Menses only at night, *Bovista.*

Menses only in morning, *Sepia.*

Menses only in morning and evening, *Phelland. a.*

Menses more profuse early in morning, *Bovista.*

Menses more abundant at night, *Amm. mur.*, *Magn. carb.*, *Zincum.*

Bovista, although seldom used, is a remedy deserving more study and consideration. Remember it in cases of sweat in the axillæ smelling like garlic or onions.

The Bureau of Materia Medica, through its chairman, made a verbal report on the characteristics of *Borax*, and defended it from the charge of being useless and inert. These remarks were corroborated by Drs. Street and Brown. The report of the other members of the bureau on *Arsen.* and *Bellad.* was deferred.

On motion of Dr. Blackwood, the society adjourned to meet in Woodbury, on Wednesday, November 18th, 1874, in the office of Dr. McGeorge.

AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF MATERIA MEDICA.

At the recent session of the Institute, the BUREAU OF MATERIA MEDICA selected as the subject for study during the current year and for report and discussion at the next session, the very important topic which was proposed but not discussed by the Bureau last year, viz.:

“PRIMARY AND SECONDARY SYMPTOMS OF DRUGS.”

The chairman of the Bureau earnestly requests, and will be most happy to receive, communications from members of the profession, conveying their views and observations or experiences supposed to elucidate any portion of this subject. To show its importance and its magnitude, it is sufficient to state that some members of the profession deny that there is any good ground for dividing the symptoms of drugs into primary and secondary symptoms, while among

those who admit such a division and use these terms, there is a great diversity of opinion as to what constitutes a primary and a secondary symptom, as to the relation which these symptoms respectively bear to the physiological condition of the organism, and as to the mode of distinguishing primary and secondary symptoms. The first division of the subject, therefore, comprehends the defining and distinguishing of primary and secondary symptoms of drugs.

But, granting that we have a definite idea of these classes of symptoms and can recognize and distinguish them, what practical use may we make of this knowledge? The highest authority in our school at one time pronounced primary symptoms of drugs to be the only ones on which the selection of the remedy should be based. Others have been disposed to say the same of secondary symptoms. The majority of practitioners have perhaps very misty and ill-defined notions on the whole matter.

The second division of the subject then, is: *What is the value of primary and secondary symptoms of drugs as guides in distinguishing the selection of remedies in practice?*

And a third division involves the question of the importance of the distinction between primary and secondary symptoms of drugs, *as affecting THE SIZE AND REPETITION OF DOSES IN PRACTICE.* Some physicians have maintained that the solution of the vexed dose-question is closely connected with the distinction between primary and secondary symptoms of drugs.

It is hoped that every member of the profession who has thought definitely on, or made observations in connection with this subject as above unfolded, will communicate his views and data to the chairman of the Bureau, that the report may be as complete as is practicable.

The Bureau have selected *SEPIA* as the drug to be proved during the coming year, and they hope to be able to present to the Institute a re-proving of this important remedy, which may, at least, equal in thoroughness and value the famous re-provings by the Austrian physicians.

They earnestly invite all provers and provers' societies throughout the country to adopt this drug as the subject of their experiments during the current year, and to communicate the results to the Bureau of *Materia Medica* of the Institute.

It is believed that the classes in several at least of our colleges, both male and female, will prove *Sepia*, under the supervision of members of the Bureau. The provers will be strictly cross-examined respecting their reports, and the symptoms reported by them will be severely scrutinized by the professors of Physiology, Chemistry, Gynecology, etc., wherever the skill of these experts may be available to test the accuracy or more exactly define the statements of a prover. Thus, it is hoped, the investigations of the provers may, to a good degree at least, be subjected to the tests which the science of to-day affords and requires. A similar method should be pursued by every provers' society.

The chairman will be glad to receive reports as early as May 1st, 1875, that they may be properly incorporated in the report of the Bureau, in which due credit will be given to every society and individual prover.

CARROLL DUNHAM, M.D., *Chairman.*

Irvington-on-Hudson, West Chester Co., N. Y.

"WESTERN ACADEMY OF HOMŒOPATHY."

In response to a call issued by the conference committee appointed at the last general session of the Kansas and Missouri Valley Medical Society, and in whose hands was placed the question of the expediency of forming a Western Academy of Homœopathy, some thirty physicians met in the Homœopathic Medical College, 1009 Locust Street, St. Louis, Mo., on Tuesday, September 15th, to consummate that object.

DR. JAMES LILLIE, of Kansas City, called the meeting to order, after which a temporary organization was effected by the selection of Dr. M. Mayer-Marix, of Denver, Col., as Chairman, and Dr. Ferd. C. Valentine, of St. Louis, as Secretary.

DR. MAYER-MARIX, in accepting the position, thanked the convention for the honor conferred, and appropriately stated the object of the meeting to be the organization of a society which should include all that portion of the Union west of the Mississippi; at the same time extending its benefits to such Eastern physicians as choose to embrace them. The proposed society was in no wise antagonistic to the American Institute, but really a most useful and sympathetic auxiliary.

The Chair appointed the following Committee on Credentials: Dr. R. H. McFarland, Kentucky; Dr. C. W. Enos, Illinois; Dr. R. L. Hill, Iowa.

After prayer by Rev. Dr. C. W. F. Hempstead, Illinois, DR. E. C. FRANKLIN, St. Louis, proceeded to deliver the "*Welcoming Address*," which was an eloquent and able effort, and from which we make the following extract:

"In creating the proposed Academy, it is desirable distinctly to remember that it is not by any means intended as in the remotest degree antagonistic to the American Institute of Homœopathy. Totally distinct from that organization in all matters relating both to government and boundaries, it can neither interfere with its scope nor infringe upon its prerogative. The aim and intention of the one is national, while the other is purely divisional. The former is acknowledged as the representative of homœopathy in the United States, the latter seeks merely to embrace the union of a Western medical brotherhood, and can never weaken the force or lessen the influence of its prototype. What is intended, according to my view of the question, is to make the Western Academy the *parent society* of the West, subordinate in a measure it may be to the Institute, but with the right of sending its own dele-

gates to attend the meetings thereof and participate in the discussions of the national convention. In order the better to effect this and elevate the standard of our proposed association, would it not be prudent in those cases where small sectional societies exist to advise their abolition, and thus allow them to merge into the parent organization. Preserve the state and county institutions if you will, but with the understanding that all others be incorporated with the divisional body and their present distinctive character broken up."

The address was received with marked attention, eliciting frequent signs of approbation and final hearty applause.

On motion of Dr. Everett, St. Louis, the chair appointed a committee of three to draft a constitution and by-laws for the government and guidance of the society proposed to be organized, consisting of Dr. Franklin, St. Louis, Dr. Geo. H. Blair, Iowa, and Dr. W. H. Parsons, Kansas.

On motion of Dr. P. G. Valentine, St. Louis, the convention adjourned until 3 P.M.

AFTERNOON SESSION.

The meeting was called to order by Dr. M. Mayer-Marix, Denver, Col.

The committee on preparation of constitution and by-laws reported through the chairman, Dr. E. C. Franklin, St. Louis.

The articles and sections were then read seriatim by the Secretary, and finally adopted.

The Academy then proceeded to the election of officers for the ensuing year, which resulted as follows:

President—Dr. M. Mayer-Marix, Denver, Col.; Vice-President—Dr. Geo. H. Blair, Fairfield, Iowa; General Secretary—Dr. Ferd. C. Valentine, St. Louis, Mo.; Provisional Secretary—Dr. C. W. J. Hempstead, Edwardsville, Ill.; Treasurer—Dr. R. H. McFarland, Henderson, Ky.; Board of Censors—Dr. James Lillie, Kansas City, Mo., Dr. R. L. Hill, Dubuque, Iowa, Dr. W. H. Parsons, Atchison, Kansas, Dr. W. C. Richardson, St. Louis, Mo., and Dr. A. E. Reiss, St. Louis, Mo.

The Academy then adjourned until 10 o'clock the next morning.

SECOND DAY.—MORNING SESSION.

A large number of members were in attendance when the Academy was called to order by the president at 10 o'clock precisely.

The minutes of the preceding day having been read and approved, DR. JAMES LILLIE, Kansas City, read a paper on the subject of "Small Doses."

DR. E. C. FRANKLIN, St. Louis, presented a large number of letters from physicians throughout the country, regretting their inability to be present but enthusiastically supporting the movement and requesting to be enrolled as members.

The applications were referred to the Board of Censors, who were unable to pass upon them, however, not knowing their respective qualifications.

On motion of Dr. P. G. Valentine, St. Louis, the letters were acted upon in the Academy, each applicant being vouched for by some member present, except in the case of three gentlemen who were not known by any one present.

The president appointed Dr. J. M. Kershaw, Dr. C. H. Goodman, Dr. W. C. Richardson, Dr. A. S. Everett and Dr. Jas. A. Campbell, all of St. Louis, a committee to draft a form for a certificate of membership, and to devise a design for the seal of the Academy. It was further moved and carried that when the committee on seal and certificate of membership report they do so to the Executive Committee, for approval or disapproval.

Several gentlemen arrived during the session, and their credentials being found satisfactory they were admitted as members of the Academy.

On motion the Academy adjourned until 3 P.M.

AFTERNOON SESSION.

The Academy was called to order by the president at 3 o'clock P.M.

DR. E. C. FRANKLIN, St. Louis, alluded to the climate of Colorado, in connection with pulmonary diseases. He understood that a Sanitarium was about to be constructed in Colorado for the benefit of patients suffering from diseases of the respiratory organs, and in this connection offered a resolution requesting Dr. M. Mayer-Marix, President of the Academy, to deliver a lecture on the subject.

The president acknowledged the compliment, and promised to prepare a paper on the subject to be read before the Academy and such others as might be interested.

After some discussion as to the date of holding the annual meeting of the Academy, it was finally settled that the regular annual meeting be held on the first Tuesday in October of each year.

The Academy then proceeded to elect delegates to the American Institute.

On motion of Dr Franklin, St. Louis, the secretary of the Academy was instructed to officially inform the secretary of the American Institute of the formation of the Western Academy of Homœopathy.

The following were elected delegates: Dr. M. Mayer-Marix, Denver, Col.; Dr. E. C. Franklin, St. Louis, Mo.; Dr. Geo. H. Blair, Fairfield, Iowa; Dr. R. H. McFarland, Henderson, Ky.; Dr. W. H. Parsons, Atchison, Kan.; Dr. C. W. J. Hempstead, Edwardsville, Ill.; Dr. S. B. Parsons, St. Louis, Mo.

The secretary was instructed to send a synopsis of the proceedings of this Academy to each homœopathic medical journal in the United States.

On motion of Dr. Franklin, St. Louis, the secretary was instructed to cast the vote of the society for Davenport, Iowa, as the place of holding the next annual meeting.

DR. W. C. RICHARDSON, St. Louis, moved that the Academy publish a medical journal in the interests of homœopathy.

Several members expressed their opinions on the subject.

DR. FRANKLIN, St. Louis, spoke in favor of establishing such a monthly periodical in St. Louis. It was his intention to start such a journal, containing a digest of the most important facts connected with homœopathy, and if the proper support was given it he promised it should be commenced.

A resolution was passed pledging the support of the Academy to Dr. Franklin in so desirable an enterprise.

Upon invitation of the Academy, the President, Dr. M. Mayer-Marix, of Denver, explained the object of the Sanitarium about to be established in his city.

DR. FRANKLIN, St. Louis, introduced a resolution pledging the professional support of the members of the Academy to Dr. Mayer-Marix in establishing the Sanitarium, which was adopted.

On motion of Dr. George H. Blair, Iowa, Dr. E. C. Franklin, St. Louis, was appointed orator of the Western Academy of Homœopathy for the year 1875.

After the passage of a resolution thanking the president and secretary of the Academy, the members of the press, and for the faithful discharge of their several duties, the president announced the different bureaus for the year:

Materia Medica, Pharmacy and Provings.—Dr. James

Lillie, Kansas City, Mo.; Dr. H. W. Miller, Independence, Kansas; Dr. W. H. Blakely, Bowling Green, Ky.; Dr. J. T. Temple, St. Louis, Mo.; Dr. W. D. Lemon, Warsaw, Ill.

Clinical Medicine.—Dr. George H. Blair, Fairfield, Iowa; Dr. W. C. J. Hempstead, Edwardsville, Ill.; Dr. R. Huson, Lawrence, Kansas; Dr. Charles Gundelach, St. Louis, Mo.; Dr. A. C. Cowperthwait, Nebraska City, Neb.

Obstetrics and Diseases of Women.—Dr. J. F. Stevens, St. Louis, Mo.; Dr. R. C. Hill, Dubuque, Iowa; Dr. L. E. B. Holt, Marshalltown, Iowa; Dr. Chas. A. Heintze, St. Louis, Mo.; Dr. R. H. McFarland, Henderson, Ky.

Sub-Bureau of Gynecological Surgery.—Dr. W. C. Richardson, St. Louis, Mo.; Dr. L. Hubbard, Atchison, Kansas.

Pædology.—Dr. George M. Hale, St. Joseph, Mo.; Dr. P. G. Valentine, St. Louis, Mo.; Dr. C. Levick, Litchfield, Ill.; Dr. J. R. Breed, Duquoin, Ill.; Dr. A. L. Higby, Red Wing, Minn.

Surgery.—Dr. E. C. Franklin, St. Louis, Mo.; Dr. N. J. Duprey, Iowa Falls, Iowa; Dr. C. W. Enos, Jerseyville, Ill.; Dr. A. S. Everett, St. Louis, Mo.; Dr. W. D. Foster, Hannibal, Mo.

Organization, Registration and Statistics.—Dr. W. H. Parsons, Atchison, Kansas; Dr. C. H. Goodman, St. Louis, Mo.; Dr. James Bell, Cedar Falls, Iowa.

Anatomy and Physiology.—Dr. S. B. Parsons, St. Louis, Mo.; Dr. S. R. Huson, Lawrence, Kansas; Dr. P. G. Valentine, St. Louis, Mo.; Dr. W. L. Hedges, Warrensburg, Mo.; Dr. E. R. Jackson, Dubuque, Iowa.

Hygiene and Sanitary Science.—Dr. G. W. Bowen, Fort Wayne, Ind.; Dr. G. H. Patchen, Burlington, Iowa; Dr. W. J. Sook, Nevada, Ohio; Dr. C. W. Spalding, St. Louis, Mo.; Dr. L. D. Morse, Memphis, Tenn.

Psychological Medicine.—Dr. J. M. Kershaw, St. Louis, Mo.; Dr. P. B. Sparks, Decatur, Ill.

Ophthalmology and Otology.—Dr. W. L. Breyfogle, Louisville, Ky.; Dr. A. E. Reiss, St. Louis, Mo.

Medical Literature.—Dr. G. N. Seidlitz, Keokuk, Iowa; Dr. James A. Campbell, St. Louis, Mo.

Legislation.—Dr. A. C. Cowperthwait, Nebraska City, Neb.; Dr. A. E. Higby, Red Wing, Minn.; Dr. G. W. Blair, Fairfield, Iowa; Dr. J. H. Bahrenburg, St. Louis, Mo.; Dr. S. L. Savage, Edwardsville, Ill.

Electro-Therapeutics.—Dr. S. W. Green, Manchester, Iowa;

Dr. W. B. May, St. Louis, Mo.; Dr. Theo. Murer, New Albany, Ind.

Climatology.—Dr. A. S. Everett, St. Louis, Mo.; Dr. W. E. Lemon, Lacon, Ill.; Dr. S. R. Huson, Lawrence, Kansas.

The Academy then adjourned to meet at Davenport, Iowa, on the first Tuesday in October, 1875.

FERD. C. VALENTINE, *Secretary*.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTIES OF TOMPKINS, CORTLAND AND TIOGA, N. Y.

THIS Society was formed under the laws of the State of New York, at the office of Drs. Morgan and Bishop, in Ithaca, on September 23d, 1874. The following officers were elected:—*President*, Dr. E. J. Morgan; *Vice-President*, Dr. E. V. Nash; *Secretary*, Dr. J. T. Greenleaf. A committee was appointed to draft a constitution and by-laws, and report at the next meeting. The society then adjourned to meet at Ithaca, October 14th, 1874. Accordingly, on the day appointed, the adjourned meeting was held at the office of Drs. Morgan and Bishop, the President in the chair.

Minutes of the last meeting were read and approved. The committee on constitution and by-laws offered their report, which was accepted and the Committee discharged.

The Society then proceeded to adopt the constitution and by-laws. After a second reading, on motion of Dr. Bishop, the constitution was adopted as a whole, and on motion of Dr. Talmage, the by-laws were adopted, and the Secretary directed to transcribe both into the records of the Society. After various nominations and some discussion, the ballot for Censors resulted as follows: T. S. Armstrong, M.D., Oswego; A. Bishop, M.D., Ithaca; L. D. Eaton, M.D., Homer; Rufus Talmage, M.D., Trumansburg; J. M. Cadmus, M.D., Waverly.

On motion, the election of delegates to the State society was postponed till the regular meeting.

Sheldon Hinman, of Cortland, N. Y., and L. H. Babcock, of Scott, Cortland Co., N. Y., made application for examination and license.

It was then ordered by a unanimous vote, that an assessment of \$1 be levied from each member to meet the necessary incidental expenses of the Society. The secretary reported receipt of letters of congratulation from H. V. Miller, M.D., of Syracuse, and Frank S. Vincent, M.D., of Troy, N. Y.

After a brief address, wherein he congratulated the Society upon its auspicious beginning and predicted a very beneficial, instructive and useful career, and assured the censors of the support and assistance of the society in any arduous or disagreeable tasks they might be obliged to perform, the President announced the following appointments:

Surgery, Dr. Armstrong; *Obstetrics*, Dr. Bishop; *Clinical Medicine*, Dr. M. M. Brown; *Materia Medica*, Dr. Greenleaf; *Prevailing Epidemics*, Dr. Nash; *Necrologist*, Dr. Eaton.

The Society then adjourned till the regular annual meeting, Jan. 13th, 1875, at 1 P. M., at Ithaca.

J. T. GREENLEAF, *Secretary*.

HOMŒOPATHIC MEDICAL SOCIETY OF ORANGE CO., N. Y.

THE annual meeting of the Homœopathic Medical Society of Orange Co., N. Y., was held at the Occidental Hotel, Goshen, on the 14th ult.

The OFFICERS elected for ensuing year were as follows: *President*, J. J. Mitchell, Newburgh; *Vice-President*, J. W. Ostrum, Goshen; *Secretary and Treasurer*, I. S. Bradner, Middletown; *Corresponding Secretary*, A. M. Woodruff, Goshen.

Censors, H. R. Stiles, I. S. Bradner, C. M. Lawrence.

Drs. Mitchell, Bradner and Lawrence, were appointed to co-operate with the committee from the State Society, in visiting the Insane Asylum, at Middletown. The reports of the various Bureaus were listened to with interest, and the thanks of the society voted to Miss Pierce, M.D., of Newburgh for a very interesting paper on Gynæcology. Dr. W. M. Butler, resident physician at the Insane Asylum, Dr. H. C. Smith, (Montgomery) and Dr. Schonger, of Sullivan Co., were elected members of the society. Drs. Lawrence, Ostrum, Bradner, Mitchell, and Schonger, were nominated for permanent membership in the state Society.

The society adjourned to meet at the Middletown Asylum, on the second Wednesday of January, 1875.

A. M. WOODRUFF, Corresp. Sec'y.

Goshen, N. Y., October 19th, 1874.

GLEANINGS FROM FOREIGN HOMŒOPATHIC JOURNALS.*

THE *Rivista Omiopatica* for April, contains an article on Disease of the Diaphragm, by Dr. Buchner, translated from the *Klinik*, which was published in a former number of the *H. M.*, and a case of *Amblyopia amaurotica*, cured with Bellad., and Merc. sol. 6th and Silic. 10th, from the *A. H. Z.*; and from *El Criterio Medico* similar cases of ophthalmic disease, remarkable in their both arising in consequence of syphilis and gonorrhœa ("blenorragia") taken at the same time and allopathically treated with caustics and balsam copaiba. The first was diagnosed as "granular neoplastic conjunctivitis with pan-nous keratitis" of the right eye. This case was cured by the aid of Merc. cyanuret. 3d. trit., Bell. 6th and Crotalis. horrid., 3d. trit. The second case was diagnosed as "hyperplastic granular conjunctivitis with ulcerous keratitis" of the left eye. This was cured by Merc. cyanuret, Hepar and Crotalus horrid., each successively given for five days, in the 3d. trit., followed by Sulph. 6m. The May number contains a brief proving of Arsen. chin., by Dr. Bovino. Dr. Ladeeli relates an interesting case of typhoid following miliary fever, in a young lady from America, and another of gastric periodic miliary fever,

* Under this heading we intend to give from time to time a resume of some of the most valuable papers that appear in our foreign exchanges.—EDITOR *H. M.*

in his own son aged ten years. Both were restored to health, but the variety of remedies employed renders them both, and all similar reports of cases cured, of no clinical value. In the June number Dr. Ladecli gives an illustrated account of two enormously large biliary calculi; the first passed, under the influence of Merc., from a patient who died of cirrhosis in the year following; the second was passed, under the influence of Bell., from a patient who was entirely relieved.

SARRACENIA IN VARIOLA. In the June number of the *Revue Hom. Belge*, published by Dr. Martiny, in continuation of the *Journal du Dispensaire Hahnemann* of Dr. Mouremans, this latter physician gives his experience with Sarracenia in small-pox. In several cases, some quite desperate, he had complete success with the different dilutions from the third to the thirtieth. One of the most important of these cases is that of a woman far advanced in pregnancy, who was cured of small-pox with Sarracenia 3d, 6th and 9th, her accouchment being happily accomplished during her convalescence, the babe bearing upon its body numerous red blotches, indicating that it had been similarly affected at the same time with the mother. The following case, also reported by Dr. M., is still more remarkable: An infant a few months old was attacked with a grave form of small-pox, with variolous angina so severe that it was with difficulty it could take the breast. The mother took Sarracenia 3d, 6th and 9th, continued to nurse the infant, which promptly recovered from the disease, and the mother did not take the disorder notwithstanding the immediate and constant contact with the child.

IODINE—GOITRE. A case is reported in the August number of the *Revue*, of goitre occurring in a farmer æt. 58, of long standing, which was completely cured with Iodine⁶, after Spongia had proved unavailing.

KOUMISS. The following is also from the August number of the *Revue*: From time immemorial the people inhabiting the Steppes of Eastern Russia have been accustomed to use for drink, and also for medicine, the fermented milk of the mare. Invalids suffering with profound debility in consequence of organic or other lesions, the Russian physicians send from all parts of the Empire to the country situated between the Caspian Sea and the Sea of Aral, to be cured with Koumiss. In order to promote the fermentation of mare's milk they add to it, in this country, a certain amount of flour of millet or of brewer's yeast. Fermentation generally sets in in twenty-

four hours; the liquid is then put in bottles, where it becomes still stronger.

Previously it has been thought that the atmosphere of the Russian plains was absolutely essential to successful cures by Koumiss; but various experiments which have been made in the hospitals of Paris with Koumiss prepared there from the milk of the cow and ass, give reason to believe that fermented milk is more easy of assimilation than fresh milk, and that it will become a precious resource for invalids whose constitutions are profoundly undermined,—and especially in affections of the chest.

In the seventh number of the *Internationale Hom. Presse*, we have read an article on the physiological action of Koumiss. According to the author it should be used before fermentation becomes complete, and while a certain quantity of sugar of milk still remains untransformed into lactic acid and alcohol. In this state it becomes a nutritious and tonic drink. The invalid should usually commence with a half bottle per day, and gradually increase the quantity until two or three bottles can be taken daily. The author does not attribute to Koumiss a specific action in pulmonary phthisis, but his experience proves that it is an aliment of very easy assimilation, and one which renders the greatest service where the nutritive functions are enfeebled.

On account of the difficulty of procuring mare's or asses' milk, we have inquired if it were not possible to obtain equally good results from the milk of the cow, by adding a spoonful of sugar of milk or of rice flour to each bottle. Prepared in this way it enters into fermentation in from twenty-four to forty-eight hours, and sparkles like selzer water when poured out. It makes a kind of champagne-milk, very agreeable to the taste when fermentation is not too far advanced. This drink does not disturb the digestive organs, even when there is a predisposition to diarrhœa. We are assured that under its influence a well-marked improvement in the tone of the vital forces appears, and we earnestly advise our brother physicians to prescribe this new aliment, which in no way interferes with the action of the medicines concurrently administered. (Dr. Martiny.)

SILICIA—PANARITIUM. A young woman of delicate health and pale, earthy complexion, suffered for a month with a felon on the third phalanx of the right index finger. Her physician opened it, but neither the operation nor emollients, nar-

cotics and unguents of every kind, could hinder the suppuration, relieve the suffering, or restore the use of the hand. The inflammation had evidently become seated in the periosteum. Silic.³⁰ removed the pains in the course of two or three days, and in one week she was entirely cured and enabled to resume her usual work.

SILICIA—ULCER. A gentleman, æt. 55, enjoying excellent health, from wearing tight boots got a blister of the size of a franc piece on the dorsum of his right foot; this peeled off leaving in its place an ulcer, which did not heal, but increased in depth in spite of rest, of poultices, and, subsequently, of aromatic wine, cauterizations and nitrate of silver. On the twentieth day, when bed-fast, and becoming anxious about his condition, he received Silic.³⁰, and in less than eight days was completely cured.

SILICIA—THREATENED CANCER. M. S., æt. 32, in good health, a little pale, habitually sad and anxious, having lost his father, at the age of sixty, from cancer of the face, came to consult me and to impart his fears that he had the same disorder as his father. For some time he had experienced pricking and lancinating pains in the region of the inferior maxillary of the right side. One or two doses of Silic.³⁰ dispelled these lancinating pains of unfavorable import (*mauvais augure*), and he remained in good health for more than twenty-five years thereafter.

SILICIA—CHRONIC PERIODICAL ABSCESS. Mme. P., æt. 26, of delicate health, had been afflicted for three years with a malady which annually began at the commencement of winter and caused intense suffering for two or three months, during which time she was obliged to remain in bed. There appeared on the dorsum of the foot pains, redness and swelling; this became an abscess and suppurated for two or three months, with much violent pains; the discharge was ichorous and sometimes brought away fragments of bone. At the end of the winter all the symptoms subsided, the fistula healed up, and the patient suffered no more until winter returned again. Under the influence of Silicia³⁰, in Nov., '61, this affection was diminished in violence and duration about one-half. In Nov., '62, the Silicia "did justice" to the returning affection for about three weeks, since when, for twelve years, it has appeared no more.

SILICIA—LUPUS. Mme. C., æt. 63, enjoying apparent good health, but having a leaden-hued, earthy complexion, for about

twenty years had an eating or corroding herpes of the face; subsequently appeared on her hands and arms, on the trunk and around her waist, an eczematous eruption, which has been chronic for many years. This kind of lupus began on the lobe of the right ear, in the form of an ulcer, which healed on one side as it corroded the tissues of the other, advancing downward and a little forward from behind. Upon the cheek appeared an irregular cicatrix, depressed and blanched, like that of a burn. At the inferior extremity of this cicatrix was an ulcer in which might be placed the end of the index finger; the border of the ulcer was serrated, and its surface was of a grayish color and was bathed in a purulent sanies. This formation involved the whole thickness of the skin, and seemed to threaten to perforate the cheek part by part. The allopaths advised the knife as the only resource, since their local applications had either remained inefficacious or aggravated the mischief. After trying homœopathic treatment in vain for four years and subsequently resorting to a curer with ointments, finally, suffering with erysipelas of the face, she applied to the writer. Belladonna cured the erysipelas in a few days, but not the lupus, which slowly continued its work of destruction, having already invaded the greater part of the cheek, and leaving behind it, as proof of its passage, the indelible and characteristic cicatrix described above. In the course of five months she took three doses of *Silicia*³⁰, and at the end of the sixth month the ulcer of the cheek was completely healed and the disease arrested in its devouring march. For six months now the cure has persisted, although there remains upon the cheek, in the site of the last ulceration, a little slender cut, which covers the cicatrix. Thus has *Silicia* in six months triumphed over a malady of twenty years' duration.—*Bibliothèque Homœopathique*, May, 1876.

LUPUS—KALI BICHR. Dr. Edward T. Blake, in a paper read before the British Homœopathic Society, relates a case of lupus (non exedens), occurring in a woman æt. 48, which was first noticed in 1866 as a scab on the angle of the right nostril. On the 27th of March, 1873, she presented herself with characteristic nasal lupus. There was no copper tint, no circumferential induration; the nostrils were obstructed; occasionally they discharged yellow crusts and blood. On April 3d she got *Kali bichr.*, 3d dec., which was changed to 5th dec. on April 16th. Improvement was noticeable in a short time, and was continuous, as was the treatment, until

on the 18th of December, "there was neither tubercle nor depression on the nose. * * * * The cure could now be pronounced complete.—*British J. of Hom.*, October, 1870.

LAPIS ALBUS. In the number for June 15th of the *Allgemeine Hom. Zeitung* is an article by Grauvogl on "Lapis albus," taken from Hirschel's Klinik. This new medicine is the gneiss rock which forms the bed of a torrent at Gastein in the valley of the Ache, and which contains a large quantity of mica. The waters of this mountain stream are suspected as the cause of goitre in those who drink it. Grauvogl made some experiments with the 6th dil., in men and women. Burning and shooting pains in the cardia and pylorus and in the uterus and mammae were the principal symptoms obtained. Dr. v. G. then commenced testing it in actual practice, and soon observed remarkable results. The cure of a case of carcinoma of the cheek in a woman æt. 50, where there was an opening in the cheek as large as a silver dollar, was one of the first fruits of this remedy. This woman's countenance began to clear up and present a healthful appearance soon after commencing to use the medicine, showing an improvement in the condition of the blood. He gave it in chlorosis, but without any good results. "But the success in all scrofulous affections and ulcers was the most astonishing; and in all affections of the glands and lymphatics, and in gland-like swellings in places where usually no glands are found, in un ulcerated carcinoma, in leucorrhœa, and even in tuberculosis. But it did harm in all cases in which the patient had suffered previously from intermittents or other malarious affections. Last year, when in St. Petersburg, he treated five cases of uterine carcinoma, pronounced true and incurable carcinoma by allopaths, and cured them all "thoroughly and permanently" with Lapis albus. He has not seen an open cancer cured with this remedy. Dr. v. Grauvogl kept secret for some time his knowledge of this remedy, and gives his reasons for doing so in the Klinik. There are numerous references to the effects of Lapis albus and the waters of Gastein in the recent German journals. We will doubtless soon have reports from American physicians as to its merits as a cure for cancer.*

MENINGITIS CEREBRO-SPINALIS EPIDEMICA. Dr. Helberger, of Trieste, in the *Internationale Hom. Presse*, writing

* The various preparations of this medicine are for sale by MESSRS. BOERICKE & TAFEL, at any of their establishments.

about the treatment of this disease, says that he considers the best remedies to be *Apis*, *Belladonna* and *Lachesis*, and he gives them in rapid alternation every ten minutes in bad cases. "When the tetanic symptoms are subdued the immediate danger is over, but there generally remains for a long time extreme sensitiveness and tendency to relapse. Perfect rest must be enjoined and care taken to avoid all excitement. If great tenderness in the spine with drawing pains remain, *Angustura* and *Sepia* are of great use. The former corresponds to the convulsive phenomena, the latter to the congestion of the capillary system."—*British Jour. of Hom.*, October, 1874.

CORRESPONDENCE.—BÖENNINGHAUSEN ON FEVER.

Dear Editor :

THE October number of the *Hahnemannian Monthly* contains an article in which appears a most unfair criticism of Bönninghausen's Fever Therapeia, together with an ungentlemanly attack on the translator of the same. The charges against the book will be reviewed. Personalities relating to the translator we will leave unanswered, calling to mind the old German adage which says: "Mit Dreck waschen wir uns nicht sauber." The critic endeavors to give weight to his attack by calling into the circle of his abuse the assistance so kindly rendered by Dr. Hering in the translation and verification of symptoms. Let it be understood that the translator alone is responsible for the work as it stands. The assistance rendered by Dr. H. was valuable, and not deserving of maligning from such a source.

In reference to Bönninghausen's Fever Therapeia, allow a few remarks on the use of the degree system, as applied by Bönninghausen. These distinctions are not intended to give the idea that only such remedies as are found in the highest or next degree are to be looked upon as useful, but that they have been more frequently confirmed, according to degree, in *his* practice. These are retained in the translation as Bönninghausen gave them in the original, save in so far as explained in the preface to the American Edition. Every intelligent practitioner will in his own copy mark the degrees "up" when experience so directs; in this way the lowest may in time be found worthy of the highest position, according to his individual observation. This marking will vary greatly with the experience of different practitioners.

In reference to the Eupat. perf. symptoms which the critic would have had "marked up" to the highest degree, we remark that the translator, as well as the critic, was aware that they had been highly (yes, too highly) spoken of; but when applied in practice they have not been satisfactorily verified. Such results caused them to be looked upon as in no way especially characteristic of the drug, and therefore not deserving of the higher degrees. Again, the symptom "coldness with nocturnal perspiration" is rarely met in Eupat. perf. cases, and where it does occur, the other symptoms point so clearly to the remedy that it amounts to but a trifle in the selection of the remedy. Notwithstanding the infrequency together with the uncharacteristic occurrence, of the first of the symptoms alluded to (which even the critic acknowledges in the admission that he waited years "on the *qui vive*" before he met it once), this critic fain would have it elevated to the highest degree. To incorporate such symptoms as highly characteristic certainly would be *very* "misleading."

The second symptom was omitted through clerical error. In the opinion of those who know, the degree markings are looked upon only as helps when a doubt exists between remedies having the same characteristics, or as certifying that the symptom has clinical proof of its genuineness. Now though some remedies may have been placed in too low a degree, is it not better, bearing the signification of the degree in mind, that they should be too low rather than too high? Every Hahnemannian should know, that if the totality of symptoms find their *similimum* in a remedy, the degree should have no weight, except there be two remedies having the same totality. True it would be desirable to have the degrees quite right, but as much difference of opinion must necessarily exist among physicians as to the relative degree of importance each remedy holds to a given symptom, it is plainly impossible for any one to so adjust these degrees as to suit all.

Regarding the omission of some symptoms, no dispute will arise. The symptoms inserted are good and true, yet no doubt some really good symptoms may have escaped notice; this will almost of necessity occur in such a work, made in the interims of practice. Many symptoms however have been purposely omitted. These are such for which no guarantee of sufficient weight could be obtained. Much care and time was devoted to the selection of symptoms and obtaining truthful verifications for the same. Therefore, if any are wanting

we claim it is rather through too great caution than from a want of consideration of the symptoms.

Again, many symptoms will be found in the Repertory which are not mentioned in Part I. In order to illustrate this, let us review the symptoms of *Ipecac.* given by our critic. He complains that the thirst symptoms in the first edition differ materially from those given in the second. Let us see whether he is right? But before proceeding to this, a few remarks from the author's preface will not be amiss. Bönninghausen states quite clearly, p. 4, that Part I., is "a short extract of the characteristic symptoms, relative to fever, of the drugs mentioned in the repertory," that "he has confined himself to the most important symptoms," and that "the following chapters will decide in regard to points still remaining in doubt."

On looking through the repertory, the critic will find *Ipecac.* mentioned with both thirst and thirstlessness under the rubric "chill," and the same under heat; though the more condensed extract in Part I. gives only such symptoms as Bönninghausen thought most characteristic. Part I. is for the rapid study of the "genius of the remedy." Part II. contains a more exhaustive list of symptoms. Had the critic really studied the work with a moderate degree of care, he would have read the author's preface, in order that he might understand the method adopted in treating the subject. This he evidently failed to do. To illustrate the amount of matter contained in the repertory in comparison with Part I., let us compare *Ipecac.* as found in the two. Under general fever symptoms we have five chill symptoms, making in all about half score repertorial items; while in the repertory, under chill and concomitants, *Ipecac.* will be found not less than seventy times. These, with other similar facts, will clearly show that the critic was, to say the least, "misled" in his criticism. Trusting you will at your first opportunity give place to this in your journal, I remain, etc.,

AUG. KORNDORFER.

PUBLICATIONS RECEIVED.

THE PHYSIOLOGY OF MAN. VOLUME V. SPECIAL SENSES; GENERATION.
By Austin Flint, Jr., M.D., etc. New York: D. Appleton & Co.

(Concluded from the October number.)

The importance of this great work renders an apology for the continuance of this notice unnecessary. We will therefore conclude with the subjoined remarks concerning it, which were excluded from the previous number of the Monthly by reason of want of space.

"The Optic Nerves; Anatomy of the Eye; Refraction in the Eye; Movements of the Iris; Accommodation; Binocular Vision," etc. are the titles of the three succeeding chapters, in which the phenomena of vision are fully considered, in connection with ample descriptions and illustrations of the various organs, both voluntary and automatic. The following account of *regular* and *irregular Astigmatism* will interest the reader and at the same time give an idea of the author's style.

"There is still another normal deviation from mathematical exactness in the refraction of rays by the cornea and the crystalline lens, which is of considerable importance. If we place before the eyes two threads crossing each other at right angles in the same plane, one of these threads being vertical and the other horizontal, when the optical apparatus is adjusted so that one line is seen with perfect distinctness, the other is not well defined. In other words, when we accommodate for the vertical thread, the horizontal is indistinct, and *vice versa*. If the horizontal line be seen distinctly, in order to see the vertical, without modifying the accommodation, it must be removed to a greater distance. This depends chiefly upon a difference in the vertical and the horizontal curvatures of the cornea, so that the horizontal meridian has a focus slightly different from the focus of the vertical meridian." This condition "is known under the name of normal, regular astigmatism; but the aberration is not sufficiently great to interfere with distinct vision. The degree of regular astigmatism presents normal variations in different eyes. In some eyes there is no astigmatism; but this is rare. According to Donders, if the astigmatism amount to 1-40 or more, it is to be considered abnormal, which simply means that, beyond this point, the aberration interferes with distinct vision."

"Irregular astigmatism, excluding cases of pathological deformation, opaque spots, etc., in the cornea, depends upon irregularity in the different sectors of the crystalline lens." "Instead of a simple and regular aberration, consisting in a difference between the depth of the vertical and the horizontal curvatures of the cornea and lens, we have irregular variations in the curvatures of different sectors of the lens." "When the irregularities are very great, there is impairment of the sharpness of vision."

"While regular astigmatism, both normal and abnormal, may be perfectly corrected by placing cylindrical glasses before the eyes, it is impossible, in the great majority of cases, to construct glasses which will remedy the irregular form." Pp. 93-95.

"Auditory Nerves; Topographical Anatomy of the Ear; Physics of Sound; Uses of Different Parts of the Auditory Apparatus," are the titles of the three chapters devoted to the Sense of Hearing. "Gestation," Chapter X., completes this portion of the work.

Generation is discussed in nine chapters, under the following titles:

"Generation—Female Organs; the Ovum and Ovulation; Male Organs and Elements of Generation; Fecundation: Segmentation of the Vitellus and Formation of the Membranes and Placenta; Development of the Embryon—The Osseous, Muscular, Cutaneous and Nervous Systems, Development of the Alimentary System, The Respiratory System, and the Face: Development of the Genito-Urinary and of the Circulatory System; Fœtal Life—Development after Birth—Death."

We turn to the chapter on Fecundation with interest, to see how far the author, through himself or quoted authorities, sustains or

impugns the views held by one of our own colleagues on this subject. In the case of a very sensitive woman, who was liable to have the sexual orgasm produced by a very slight touch of the finger, Dr. Beck, quoted by Flint—p. 338—gives the following very interesting new and indirectly decisive testimony relative to the mode of impregnation of the ovum: "I swept the right fore-finger across the cervix twice or three times, when almost immediately the orgasm occurred, and the following is what was presented to my view" (the os uteri was low down, just inside the vulva): "The os and cervix uteri had been firm, hard and generally in a normal condition, with the os closed so as not to admit the uterine probe without difficulty; but immediately the os opened to the extent of fully an inch, made five or six successive gasps, drawing the external os into the cervix each time powerfully, and at the same time becoming soft to the touch." This lady stated to Dr. Beck that the sensations experienced at the time of the excitement were the same in *quality*—though less in *quantity* (i. e., of shorter duration)—than those during coition. Dr. Flint says: "*The spermatozoids* once within the cervix uteri, and in contact with alkaline mucus, which increases the activity of their movements, may pass through the uterus into the Fallopian tubes, and even to the surface of the ovaries. Precisely how their passage is effected, it is impossible to say, we can only attribute it to the movements of the spermatozoids themselves, to capillary action, and to a possible *peristaltic* action of the muscular structures, and must acknowledge that these points have as yet been incapable of positive demonstration." P. 341.

In the matter of "Dextral Preeminence," the author attempts to show that this depends upon a natural predominance of the left side of the brain. It seems to us, however, that a little of the Darwinian "development" theory would more readily explain the phenomena of right-handedness. For ages people have used their right hands, educated and *developed* them far beyond the left. But if we look to anatomy or dynamic (automatic) physiology, we find that if a child is asked to shake hands, he or she will almost invariably *extend the left hand*; we have, to study this, many times asked little children to shake hands who had never been taught to put forth the right hand, and we have scarcely ever seen an instance in which the left hand was not extended.

The copious Index to all five volumes, embracing fifty-three pages, greatly enhances the value of the whole work, and of this volume in particular, which, like the others, is beautifully printed on fine paper. The whole work will be indispensable to every one who desires to place himself *au courant* with the present state of physiological knowledge in all its branches, and this includes all who value their profession and themselves.

On sale by the Publishers, and by Claxton, Remsen & Haffelfinger, Philadelphia.

ANNUAL RECORD OF HOMOEOPATHIC LITERATURE. 1874. By C. G. Raue, M.D., and Assistants. *New York and Philadelphia*: Boericke & Tafel. Pp. 376.

When the first volume of the "Record" was issued from the press, in 1870, there were those in the profession who predicted that it was the first and last venture of the kind that author and publishers would make, because in the first place it would not pay, and in the second place it would break down the subscription lists of the vari-

ous journals. But although this argument carried absurdity in its face, there were those who, knowing the energetic tenacity of the gifted editor and the determined courage and liberality of the publishers, predicted future success for the undertaking on these grounds alone. Now the fifth volume has appeared—a worthy companion to its predecessors—and the demand for the work is greater than ever before, and the journals have not been damaged, so far as can be seen. The time will come when every homœopathist in the land will be wishing for a complete set of these books, and when the earlier volumes will command “fancy prices,” and we would therefore advise our readers to lay hold on them at once—those who have not done so already—that they may not be of the number who will wish they had.

The fifth volume of the “Record” presents the usual array of valuable material gathered from numerous journals—the *A. H. Z.*; Hirschel’s (now Kafka’s) *Klinik*; the *Internationale Hóm. Presse*; *British Journal of Homœopathy*; *Monthly Homœopathic Review*; *Homœopathic World*; *North American Journal of Homœopathy*; *U. S. Medical and Surgical Journal* (now vanished to reappear as the *U. S. Medical Investigator*); *American Observer*; *Medical Investigator*; *Ohio Med. and Surg. Reporter*; *Hahnemannian Monthly*; *American Journal of Hom. Mat. Med.*; *New England Medical Gazette*; *New York Journal of Homœopathy*; *Cincinnati Medical Advance*, and the *Transactions of the American Institute of Homœopathy* and of the State Societies of New York, Pennsylvania and Ohio, and the French, Spanish and Russian Journals “as far as translated in other journals.” Here is the cream of homœopathic literature of 1873, brought together and arranged, classified and indexed, so as to be available at a moment’s notice to the busy practitioner, and yet full enough in most instances to constitute valuable instructive reading for moments of leisure.

The veteran Hering has again attended to the arranging and classifying of the *Materia Medica* portion, while Dr. Macfarlan has, as usual, given his attention to the articles relating strictly to Surgery. Dr. Raue has, with great expenditure of time and labor, arranged the balance of the material and carried the whole through the press. Thanks are due the editor and his assistants and the publishers of this handsome volume.

The five volumes thus far issued foot up an aggregate of 1717 pages: Nearly two thousand pages of valuable matter, exhibiting principally the discoveries, experiments and experience of the whole homœopathic world during five years. We trust that in the coming volume the sentence referring to the French, Spanish and Russian journals—“so far as translated”—will be abolished, and that we will have a full presentation of everything valuable that may appear in these periodicals. In fact the “Record” should consist of a digest of everything in the periodical literature of our school for the year, culled from all countries and languages; and reference should be made to *everything* contained in these publications, even if it should not extend beyond the title of the article and the place where it is to be found. And we trust that Dr. Raue, in issuing directions to his assistants for the next volume, will give them such instructions as will lead to this result.

The “Record” is on sale by the publishers, at any of their establishments, or may be procured of any homœopathic pharmacist and bookseller.

TEXT BOOK OF MODERN MEDICINE AND SURGERY ON HOMŒOPATHIC PRINCIPLES. By E. Harris Ruddock, M.D., etc. *London*: Homœopathic Publishing Company. *New York*: Boericke & Tafel, 1874. Pp. 1028.

This handsome and bulky volume is the latest production of Dr. Ruddock; a number of whose works we have had occasion to refer to heretofore. Although the author writes for the non-professional public rather than for medical men, yet as a *Text Book* for physicians in active practice we do not hesitate to commend this volume very highly. It is full to overflowing of valuable material, gathered from all sources;—from the journals and standard works of the day, both homœopathic and allopathic, and from the personal experience of the many correspondents of the author. In fact the book presents all the evidences of a work prepared by an educated physician, a keen observer, and an experienced gatherer of valuable facts; and as an exponent of the best and most reliable treatment of the various forms of disease, in brief form and up to date, it is not surpassed.

The work is arranged in six parts. Part I. is introductory, and comprises chapters on Hygiene, the Signs and Symptoms of Disease, and the Medicines. Part II. treats of Accessories in the Treatment of Disease. These Sections of the work are admirable, and the author is deserving of much credit for the clear and concise manner in which he has stated the great variety of interesting subjects he has treated of. Part III. is devoted to the consideration of Medical and Surgical Diseases and their Homœopathic and General Treatment; and this comprises a number of chapters. Chapter 1 is devoted to Blood Diseases; Chapter 2 to Constitutional Diseases; Chapter 3 to Diseases of the Nervous System; Chapter 4 to Diseases of the Eye; Chapter 5 to Diseases of the Ear; Chapter 6 of the Nose; Chapter 7 of the Circulatory System; Chapter 8 of the Respiratory System; Chapter 9 of the Digestive System; Chapter 10 of the Urinary System; Chapter 11 of the Cutaneous System; Chapter 12 treats of Miscellaneous Diseases, and Chapter 13 is devoted to the treatment of "Accidents." The diseases treated of in these chapters are arranged according to the new "Nomenclature of Diseases" of the Royal College of Physicians. Part IV. is the department of *Materia Medica*, which comprises nearly two hundred pages, in which the leading indications for one hundred and sixteen remedies are briefly and clearly given. Part V. is on Poisons and their antidotes. Part VI. is entitled the "Clinical Directory." Some time ago we noticed the first edition of this Directory and took occasion to commend it as valuable for its concise, suggestive hints. The author has evidently been at considerable pains to increase its usefulness by the addition of new sections and of numerous remedies. A very copious Index, which is made to serve as a glossary, concludes the work. Although this volume is gotten up very much in the style of the author's "Vade Mecum," it is by no means a reprint of that work. Very much new material has been added in all the departments, and the whole character of the work has been changed, while its value has been at the same time greatly increased. For junior practitioners (and seniors as well) it will certainly prove of considerable service. It is handsomely printed with clear type on good paper, and presents a very attractive appearance. On sale by Messrs. Boericke & Tafel, and may be ordered through any of their pharmacies.

We recently had the pleasure of meeting Dr. Ruddock and were as much pleased with the the man as with his books.

THE COMPLETE HANDBOOK OF OBSTETRIC SURGERY: or Short Rules of Practice in every Emergency, from the simplest to the most formidable operations connected with the Science of Obstetrics. *With numerous illustrations.* By Charles Clay, M.D., etc. From the Third London Edition. Philadelphia: Lindsay & Blakiston, 1874. Pp. 328.

It is not surprising to learn that this work, by "Clay of Manchester," the celebrated ovariologist, quickly ran through two editions and that a third was demanded. It is really a complete Handbook of operative obstetrics, in which are described upwards of one hundred and eighty operations, a number of which are scarcely mentioned in general treatises of midwifery; and these operations include not simply those cases where the knife, ligature or caustic are the chief agents, but also those which require mechanical and manual aid, as version and operations with the forceps, vectis, etc., and to these a number of other operations which may fall to the lot of the obstetrician to perform are added, such as the removal of imbedded pessaries, the treatments of pelvic abscesses, etc. In fact the whole field of obstetric operations is traversed, from the simple section of the umbilical cord and passing the catheter to the more formidable operation of the Cæsarian Section. And in treating of these various operations the author is not only concise but wonderfully clear, saying all that is really necessary, but no more, in the most simple, plain and positive terms. "I have endeavored," he writes, "to condense within the narrowest limits a vast amount of practical knowledge, rejecting what is useless and ought to be forgotten, and not adding inquiries after new and unsettled propositions."

The subjects are arranged in alphabetical order, which greatly facilitates a ready reference to them, and in addition there is a sufficient index at the end of the volume. A very brief chapter on chloroform precedes the general contents, and yet this chapter, though brief, contains the pith of a large volume on the use and abuse of this anesthetic. We might object to the length of the chapter on Ovariectomy in a Handbook, but surely Dr. Clay is excusable for dwelling on that subject. Want of space alone prevents the giving of some extracts from this handy and valuable practical treatise as an evidence of the authors style and ability. We commend his work, however, to our readers both as an *Instructor* and a *Remembrancer*. It is gotten up in excellent style, the publishers having made it attractive by good type and paper and substantial binding.

SURGICAL EMERGENCIES: TOGETHER WITH THE EMERGENCIES ATTENDANT ON PARTURITION AND THE TREATMENT OF POISONING. *A Manual for the use of General Practitioners.* By William Paul Swain, F.R.C.S., etc. With eighty-two illustrations. Philadelphia: Lindsay & Blakiston, 1874. Pp. 189.

This is a companion volume to the foregoing, and of almost equal merit. It is a compilation by a competent hand from the best and most recent works on surgery, of the best methods of procedure in all cases requiring active and prompt treatment—such cases, in fact, as are termed emergencies, and which try the nerve and the knowledge of the general practitioner not a little. The book is made up of twelve chapters, eight of which refer to the injuries of various parts of the body, as the head, eye, chest, abdomen, etc., each chap-

ter treating of all the injuries to which one part may be subjected; while chapter 9 is devoted to the emergencies connected with Parturition, as Accidental Hemorrhage, Placenta prævia, Craniotomy, Turning, Rupture of the Uterus, Puerperal Convulsions, etc.; Chapter 10 treats of Poisoning, chapter 11 of Antiseptic Treatment, and chapter 12 of Apparatus and Dressings. The chapter on Antiseptic Treatment embodies the most recent and exact directions for the effectual carrying out of this method. Under the chapter on Apparatus and Dressings are accounts, brief but satisfactory, of the Pneumatic Aspirator and its uses, the operation of Transfusion and Esmarch's "bloodless operation," with an improvement on his method. A copious index adds to the value of the work, and a heading expressive of the subject treated of, on the right-hand page, facilitates references. An improvement may be made in future editions, however, either by the use of indented side headings, or the use of bold type to indicate the subjects treated of on a page.

This volume is issued by the publishers in a style similar to Clay's *Hand-book*—good clear type and fine white paper being used in both works.

ARCHIVES OF DERMATOLOGY. *A quarterly Journal of Skin and Venereal Diseases.* Edited by L. Duncan Bulkley, A.M., M.D. New York: G. P. Putnam & Sons, 308 Fourth Avenue. Price, \$3.00 a year, in advance. Vol. I., No. I., October, 1874.

"This journal is designed for the general practitioner as well as the specialist, and will contain such practical material as will make it a useful guide for the diagnosis and treatment of cutaneous and venereal diseases." We have no doubt that this new venture will meet with decided success. The editor, Dr. Bulkley, is the able translator of Neumann's *Hand-book of Skin Diseases*, and he has associated with him a corps of well-known dermatologists of New York, Philadelphia and Boston. While American dermatology will be the chief care of the journal, yet its scope will be cosmopolitan. Each number will consist of ninety-six octavo pages, made up of original articles, Transactions of the New York Dermatological Society, Clinical reports, Extracts and Translations, Digest of Dermatological Literature, Reviews, etc. The specimen number now before us contains some very valuable papers, among which we may mention one on Rôtheln, by J. Lewis Smith; Notes on Urethral Stricture, by F. J. Bumstead; Elephantiasis Penis (with plate), by Robt. F. Weir; Hints about Tertiary Syphilis, by Chas. R. Drysdale, Lichen Planus, by R. W. Taylor, and Varieties of Urticaria, by Howard F. Damon. The above are worth more than the cost of a year's subscription,

THE HOMOEOPATHIC PHYSICIAN'S VISITING LIST. By Robt. Faulkner, M.D., with a Repertory by W. Jas. Blakely, M.D. New York and Philadelphia: Boericke & Tafel.

THE PHYSICIAN'S VISITING LIST FOR 1875. *Twenty-fourth year of its publication.* Philadelphia: Lindsay & Blakiston.

These publications are so well known and so justly appreciated, that nothing need be said regarding them further than to announce their appearance, in readiness for 1875.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D., etc. *Reported, Edited, and the Histories of the Cases prepared, with Notes,* by T. M. B. Cross, M.D., etc. New York: D. Appleton & Co., 549 and 551 Broadway, 1874. Pp. 291.

This important and valuable work, and some other publications, will be fully noticed in the December number.

EDITORIAL NOTES.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY. This association had a very pleasant and profitable meeting on the 7th and 8th of October, in Philadelphia. We will shortly publish a résumé of the most important parts of the proceedings and discussions.

THE WESTERN ACADEMY OF HOMŒOPATHY. As will be seen by the report published elsewhere, this contemplated organization is now *un fait accompli*, and the General Secretary of the American Institute of Homœopathy has been officially informed of the fact. Special pains were taken by the gentleman who delivered the address of welcome, Dr. E. C. Franklin, and by the presiding officer, Dr. Mayer Marix, to disclaim any intention of opposition to or superseure of (in the West) the Institute, and to make it plain that the new "Academy" was simply an auxiliary of the Institute with local habitation and name. Whether this organization will be a success or not, remains to be seen. It has already indorsed two projects—gone into the hotel and the journal business—and it may have occasion to regret these proceedings ere it waxes old.

"A GRATIFYING RECORD. We are especially pleased to notice the steady and constant progress and growth of the HOMŒOPATHIC MUTUAL LIFE INS. Co., of New York City. Although this year has been one of unusual business dullness and depression, we are informed that the business of the Company, has each month shown a gain over the corresponding month of last year. Under its present intelligent, enterprising and economical management, the large success of the Company cannot be a subject of doubt.

"The members of our profession can do themselves no better service than by aiding the Company in its good work; for no instrumentality is doing more for the advancement and popularization of our system of medicine than the HOMŒOPATHIC MUTUAL."

We have copied the above from our contemporary, the "*New England Medical Gazette*," for the purpose of giving it a hearty endorsement. Let us all help the company, which as a Life Insurance Company is as safe and as sound as the best in the land, and therefore entitled to support simply from a business-like view of the case, and as the homœopathic company *par excellence*, or in fact the only one, has a strong claim for our *practical* sympathy and moneyed support, both as an expositor of the advantages derivable from homœopathic treatment, and as an able and earnest advocate and missionary for our school among the laity.

BURGHER'S RESPIRATION REGULATOR. We are greatly pleased to learn that the real utility of this neat little breathing tube—the invention of our Pittsburgh friend, Dr. J. C. Burgher, is being gradually recognized. We give it a hearty endorsement and recommendation after repeated trials, and pronounce it an excellent help in the treatment of diseases of the lungs. Dr. Burgher has not patented the tube, and he derives no profit from its sale. Boericke and Tafel supply the "Respiration Regulator," as they are called, at 35 cts. singly, or \$3.00 per dozen.

THE
HAHNEMANNIAN MONTHLY.

Vol. X. Philadelphia, December, 1874. No. 5.

ON CHARACTERISTIC SYMPTOMS.

BY ADOLPH LIPPE, M.D.

THIS paper is intended to be a supplement to the excellent paper by Dr. J. H. P. Frost, published in the October and November numbers of the current volume of the *Hahnemannian Monthly*.

When we endeavor to find the characteristic symptoms, both of the case to be treated and of the remedy, it would be quite rational to look first for the invariably most prominent and indicative symptoms of the patient and of the remedy. There are professing homœopathists who are forever trying to put homœopathy into a more fashionable and physiological livery, and who seek the characteristic symptoms of the sick and of the remedy among the various organs and nerves or other tissues. They imagine that certain remedies act on certain tissues in a peculiar manner, and on other tissues in a different manner; that disease, which they still comprehend as a material appreciable thing, also effects certain tissues in a certain manner; and if these conjectured events have occurred on the prover and on the sick, the law of the similars, in a scientific livery of glittering, absurd and illogical suppositions and conjectures, will come to the rescue, and a scientific cure must follow. Will not these dreamers let the profession know how such propositions can be reconciled with the teachings of Hahnemann? And as they are in open contravention of his teachings, there are but two things possible; either they must yield, or the teachings of Hahnemann and the system he named homœopathy must be set aside as erroneous and false.

It is really strange that the father of medical science, Hippocrates (he was a *man* and *our father*), has already clearly pointed out the most characteristic symptoms in acute diseases, and he speaks of them as did Hahnemann; and this our father and great observer, with Hahnemann and his followers, cannot be superseded by a so-called scientific school, who seek in other directions what these observers plainly teach them.

The most characteristic symptoms of the sick and of the remedies are "the mental symptoms;" and if both Hippocrates—the father of medicine—and Hahnemann—the father of homœopathy—show their admission of this proposition, they could not consistently do so were they not also of one and the same opinion as to the "origin" of diseases. The "dynamic origin of diseases" is taught by both. The admittance of the dynamic origin of diseases is a necessary condition for the admission of the great characteristic character of mental symptoms in general when the disease is to be diagnosticated, and in particular if such changed and apparent mental symptoms are to be classified as characteristic symptoms of the sick.

Hippocrates says, in his "*Liber de ære, locis et aquis*," in speaking of the "Impotent:" "It is my opinion that these, like all other diseases, are of divine (supernatural) origin; there is no one disease which has a more divine or a more human origin than any other disease, but all diseases come from the Deity; and so every disease has her own internal nature, and nothing happens without this internal natural power—*vis naturæ*."

Hahnemann in his *Organon*, paragraph sixteen, speaks of the dynamics.

When Hippocrates speaks of the divine or human origin of diseases he surely alludes to the spiritual, supernatural origin of diseases in opposition to materialism, the seeking to find an appreciable cause of the disease. What the mock scientific men profess to find, what morbid anatomy erroneously professes to reveal, are not the causes but the results, the products of disease; and this has been the case since before the days of Hippocrates and Hahnemann, and will be the case forever; and the sickening clamor to admit as true what the dissecting room and organic chemistry profess to have detected to be the cause of and the disease itself, will continue just as long as medical men can be found who can and will not elevate themselves

above the common materialism of the thoughtless. Without accepting the dynamic causes of diseases, we can not accept all or in reality any of Hahnemann's teachings. Some sage not long ago claimed to have found a new solution to the diverse opinions of the true and pretending homœopathists, and claimed that the nutrition and function remedies, given as such in the molecular state, were the right thing to give, and twelve of them thus administered were all-sufficient for the cure of men and beasts and all creation. What the dynamic origin of diseases and the law of the similars can have to do with such proceedings and with such practice, we are at a loss to know. Hippocrates and Hahnemann were not able to impress upon a large number of their *pretending* followers the necessity of accepting this corner-stone of all *medical science*, the dynamic cause of diseases.

As homœopathists we are bound to accept this proposition, and there can be no freedom of opinion about it so far as an acceptance of homœopathy is concerned.

Hahnemann left to us and we accepted the law of the similars; his disciples gradually comprehended the genius of the homœopathic healing art, and learned that the characteristic symptoms of the remedy must be similar to the characteristic symptoms of the sick. And in further learning that the most characteristic symptoms are the altered and changed mental conditions of the sick, the mental symptoms were to be considered first, as to their similarity. Hippocrates in the book "*Prognostican*" says: "In acute diseases you must make your observation in the following manner: *The first thing to do is to observe the face (countenance) of the sick person,*" etc. And as the countenance reflects the mental condition, he, the sage observer, tells us already what are the most important symptoms of the *sick*.

Hahnemann tells us in his own plain manner, which every child might comprehend, that the most important symptoms of the *remedies* are those of the mind. We will abide by one quotation. Vide Preface to Aconite, R. A. M. L., Vol. I., page 438. "*In the selection of Aconite as a homœopathic remedy, it is especially necessary to look to the mental symptoms, and that they are in all particulars most similar.*" And he gives the characteristic Aconite symptoms above, and, speaking of the applicability of Aconite in croup, in some forms of angina and other acute inflammations of other parts, he says that Aconite will be the remedy where, besides thirst

and a rapid pulse, are also present "an inconsolable anxiety, a sensitive irritability, and an agonizing tossing about."

It is very evident that Hahnemann estimated the mental symptoms, *symptoms not necessarily belonging to the disease* but characteristics of the sick person, as prominent indications for the homœopathic remedy.

We will now endeavor to illustrate our proposition. *Illustrations* we give and *illustrations* we ask for, but our learned friends withhold them from us.

In July, 1873, I was called in consultation in a case of abdominal typhus, which had not improved, although it had been under skillful homœopathic treatment for over a fortnight. The case had begun, as all such cases then did, with symptoms of an ordinary gastric fever. The condition of the young man (14 years old) was this: On looking at him he stared at me, then appeared on his forehead and in his emaciated face deep wrinkles. At times he would cry out loud till he became hoarse. Mouth and lips were ulcerated to such a degree that he declined to drink on account of the severe pain caused by any fluid (or solid) coming in contact with his mouth. The lips were peeling off, and bled when he picked them; abdomen fallen in, tender to contact; he vomited occasionally, mucus, with specks and streaks of blood; frequent, watery, offensive stools; no sleep; no appetite; urine scanty; pulse very frequent and not regular; great emaciation. The remedies administered had been very carefully selected. Nux vom., Bryonia, Phosphor., Mercur., Nitr. ac., Arum. tri., had been given according to the most prominent symptoms, *but* the mental symptoms, as expressed in the countenance, had remained the same, unaltered, while the pathological condition was worse. The attending physician knew as well as anybody could know that we had before us "*ulcerated Pyer's bodies.*" This knowledge did not help us in finding the curative remedy. As homœopaths, having accepted the fundamental principles on which Hahnemann based his system of medicine, and professing to practice it, we jointly resolved to again apply ourselves to the task of conforming strictly to the principles and the application of them, as taught by its founder. There was our refuge; not in a mock science, which unsuccessful, ignorant and indolent pretenders advise us to resort to, not in seeking succor from that old hag, the physiological school. Had we done so, had we chosen this invitingly easy method of combating disease, had we wrapped ourselves

up in this sham scientific cloak, we should in this instance, setting aside and declaring as useless, as bosh, the symptoms of the mind and their expressions through the countenance, have given *Argentum nitricum* or *Natrium sulphuricum*, or both in alternation or "mixed," as remedies fully corresponding with the nosological condition of the patient, and should have professed in that manner "*to change altered tissue to healthy*," as we knew both the condition of the sick and also "*knew the action of a remedy on a certain tissue*."* To turn for comfort and instruction, to look for precedents (as the physiological school is wont to do) into any of the many therapeutical works in which *diseases* are treated analytically, would have been a thankless task.

The mental symptoms were very strongly expressed in this case, had been present from the beginning, and they unmistakably pointed to *Stramonium*, and there they were to be found, one and all; the other symptoms looked like *Stramonium* also, *except* the sore, ulcerated mouth, of which the patient complained so much. This sore mouth offered a stumbling block, and we concluded to look over our *Materia Medica* and see what similarity we could detect concerning this sore mouth, and we availed ourselves of the last masterly rendition of *Stramonium*, by Dr. C. Hering, and there we did find but one single apparently unimportant symptom, No. 1023. "*It feels as if the inner mouth were raw and sore*." Having learned to read *Materia Medica* (*without* the physiological spectacles) we were now certain of having found the truly homœopathic remedy in this case. A few pellets of the 50^m potency of *Stramonium* were dissolved in half a tumblerful of water, and a spoonful given the patient during the first day every two hours, and as the improvement progressed, less often during the next five days. The diarrhœa gradually ceased, the vomiting ceased at once, the urinary secretions were very soon restored to a normal condition, the mouth healed, and the patient was convalescent in a fortnight without any further medication. The young man paid me a visit in October, 1874, the picture of health.

Would it not be wise to add to the symptomatology of *Stramonium*, with a letter of interrogation, very sore, ulcerated mouth (in typhus, similar to *Arum tri.*) Or would it have been

* Vide *North American Journal of Homœopathy*, Vol. V., No. 2, November, 1874. Just so. Altered tissue can, will and must be changed to healthy—provided we practice homœopathy as taught, promulgated, and practiced by Hahnemann; the physiological hag is not a friend in need, 'tis a friend of the dissecting room—which is the abode of it.

better if Dr. Hering had "sifted the *Materia Medica*" and left this unmeaning symptom (unmeaning when viewed from the physiological stand-point) out? Or can our great aid, our *Materia Medica*, be "*developed*" in any other or better manner? And if such practice is hooted at as *unscientific*, if the practitioners are denounced as symptom-hunters, pray, let these faultfinders show us better, nay only similar results—let them above all things either quit their prattle or illustrate, yes, *illustrate* a better way to heal the sick. If they know a better, a more scientific mode of healing the sick than Hahnemann pointed out to us, let them show us the way. Till then we have fully resolved to pursue in the future the same course we have followed in the past. We shall continue to make *all* new scientific discoveries "*subservient*" to the infallible principles governing homœopathy, and expect to have the same satisfactory results in future as we have had in the past.

LACERATION OF THE PERINEUM.

BY J. H. MARSDEN, A.M., M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

So frequent are the accidents of labor that the Church of England as well as her daughter in this country has with great propriety appointed a prayer to be used thrice weekly for "all women in the perils of childbirth." Among these perils, laceration of the perineum, although not one of the most dangerous, is certainly one most assiduously to be guarded against by the practitioner, on account of the distressing consequences which it sometimes entails.

In order to be qualified as well as possible to prevent this accident when it is practicable, we should in the first place inquire into the causes which usually lead to so unfortunate a result.

Authors have enumerated the following as the principal causes of perineal rupture: 1. Neglect to support the part while the head is passing. 2. Injudicious or improperly directed support, which is regarded by most as worse than no support at all. 3. Rigidity of the perineum on account of which it fails to yield under the pressure of the head. This is most likely to occur in primiparae, and especially those somewhat advanced in life when they give birth to their first

child. 4. Extreme uterine action propelling the head violently against the perineum, without giving it sufficient time to yield. 5. Large size of the head of the child requiring extreme distension before it can pass the outlet. 6. Fatty degeneration of the muscular structures composing the organ in question. 7. The sudden extension of the limbs of the patient from their usual flexed position just as the head is held within and ready to pass the vulva. 8. Misdirection of the head from defective formation of the parts, whereby, instead of being propelled forward toward the outlet, it takes a direction backwards towards the coccyx, thus spending its force upon the posterior part of the perineum.

In reviewing these alleged causes of the accident under consideration, we are compelled to say in regard to the first, that we doubt extremely whether support of the perineum be necessary, except possibly in very rare and they perhaps unrecognizable cases, and whether in nearly all it does not tend to bring about the very accident it was intended to prevent. When we contemplate the wonderful provision the Creator has made for carrying the process of parturition through its earlier stages, we can hardly suppose he has left it so defectively provided for at its close, as so much to need our bungling aid that it cannot be safely completed without us. But throwing aside the argument from analogy, if we for a moment reflect upon the manner in which lacerations usually take place, we will, I think, equally arrive at the conclusion that support can do nothing to prevent them—nay, may even favor them by preventing the normal yielding of the tissues. Lacerations usually commence at the posterior commissure, and are caused by the wedging force of the head, which tends to separate laterally the labia. When the rupture begins at the commissure, it runs backwards under the influence of this lateral force, following the raphe or a line near and parallel to it. But this force is not acting in a direction opposed to that of pressure or support, and therefore capable of being controlled or modified by it, but in a line across or at right angles to that of the support, and therefore entirely beyond its power to hold in check. I can conceive of no form of laceration, except, perhaps, the central, that would be prevented by perineal support as usually advised. I should perhaps say that we are directed by authors generally to lay the end of the fingers upon or near the point of the coccyx and let the whole length of the palm lie in a for-

ward direction upon the perineum. This form of support may to some extent counteract central laceration, that is where the head perforates the perineum midway between the posterior commissure and the anus, but this form of the accident is extremely rare. Even this might be more effectually prevented by other means.

Where there is extreme distension of the perineum, the outlet refusing to dilate with sufficient rapidity to let the head pass, while the child is propelled by a powerful "vis a tergo" from the energetic action of the womb, I am inclined to think something might be done to prevent laceration by applying both hands so as with gentle firmness to embrace the tumor formed by the head as covered by the structures of the mother, a little way back from the circle formed by the distended labia. The hands thus applied would act as a hoop or band to support the endangered structures. Dr. Goodell advises us, where we apprehend laceration, to insert a finger of the left hand into the anus, to draw the tissues forward, while several fingers of the right hand are firmly applied in front of the head to retard its advance.

It must, however, be admitted that authorities are as yet divided upon the necessity or utility of perineal support during the last throes of labor. The older writers generally strongly advocate its use, and even among the most recent ones there are those who still insist upon its importance. Dr. Thomas More Madden, of Dublin, in a paper (on Lacerations of the Perineum, Sphincter Ani, etc.) contained in the May number of the *American Journal of Obstetrics*, 1872, has tabulated a series of cases which had come under his observation, a large proportion of which he attributes to neglect of the perineum, and of course maintains the importance of its support. On the other hand Leishman in his work on the *Mechanism of Parturition* denounces it. The latter claims that the accident has not happened in his hands more frequently than in the hands of others of greater experience and ability than himself, who uniformly resort to perineal support. Dr. Graily Hewitt, a high authority, contends that not only is the practice quite unnecessary, but very often it is absolutely mischievous. Dr. Meadows, a quite late writer, in his *Manual of Midwifery* says: "My own opinion is, that when the head has had fair time gradually to stretch the perineum and surrounding structures, there is no need whatever for this, to say the least, most unpleasant proceeding." He ad-

mits, however, that in the opposite state of things support may be of use.

But while we would reject the neglect of support as a frequent cause of lacerations, and propose a very simple preventive for those arising from that which is termed *injudicious*, namely to omit support altogether, *rigidity* of the perineum as a fruitful source of the accident, deserves more serious attention.

It was the custom of the older allopathic physicians in such cases to resort to blood-letting, tartar emetic and the like. These remedies are objectionable, if for no other reason, because they reduce the strength of the patient and thus disqualify her for her important functions, to say nothing of the extreme discomfort which they produce. In other words, although these measures may to some extent relax the perineum and diminish its resistance, they at the same time lessen the uterine power in a perhaps still greater ratio, and although the danger of laceration may be reduced, the length and discomfort of the labor are likely to be greatly increased. The use of lobelia, which has been more recently recommended, if pushed to the point of nausea, comes under the same category and is open to the same objections. If it be found to produce relaxation short of its nauseating and debilitating effects, as I believe some assert that it does, it may prove a very useful remedy in this state of things. I have used the tincture of Gelseminum as I thought with favorable result, but my experience with it has not been sufficiently extended to enable me to speak positively in its favor. Warm sitz-baths are likely to do good, and as I cannot conceive of any bad results likely to follow their use, unless in cases where they might encourage hemorrhage, they might be resorted to when more powerful means are not available.

Where, however, the uterine action is very moderate or even defective, no harm, so long as this state of things exists, can result from rigidity of the perineum. Under the moderate action of the womb, it is likely sooner or later to yield. When the head comes to rest upon this structure, and the rather feeble action of the uterus seems unable to overcome its resistance, I have thought an advantage has been gained by inserting the fingers, in the absence of a pain, between the head and the perineum, and gently distending the latter at least to the point it had reached under the last uterine effort, and holding it there till the recurrence of the next pain. The

fingers are then withdrawn, to be reapplied when the pain goes off—the operation to be repeated till the wearied muscular fibres, as it were, consent to relax.

But it is when rigidity of the perineum co-exists with violent uterine action that we are to expect danger of laceration of the perineum and surrounding structures. Here fortunately we have one of the most efficient and reliable of remedies for the correction of both these evils. Singly, so far as danger to the perineum is concerned they are not much to be dreaded, combined they should always excite our apprehensions. The remedy to which I refer is chloroform. This, if judiciously and understandingly administered, not only moderates *excessive* uterine action, but softens and relaxes all the maternal structures which are concerned in parturition, the perineum included. One of the great advantages of chloroform is that it holds in check reflex action, just at the moment when the parts are most in danger of laceration. In sensitive women, who has not noticed that when the head is just ready to emerge, the sensation caused by its pressure calls forth such violent involuntary effort that it must pass through all opposing structures should be driven before it. Chloroform saves all this. Under its influence we have observed the head to be retained for some moments even within the embrace of the distended labia, the patient being wholly insensible of its presence there. In order, however, to secure such results, it is necessary that the effects of the chloroform be deepened toward the close of labor to almost complete anæsthesia. This may be done, we think, in all suitable cases with almost entire immunity from danger.

Whether there be any homœopathic remedy capable of mitigating the excessive pains of labor, I am not, from any experience of my own, able to decide. I know it is claimed that there are such, but whether they succeed in the hour of trial is quite another matter. If the severity of the pains arise from a diseased condition, then it is probable such remedies may be found. If, for instance, as M. Beau professes to believe, the pains of labor are for the most part a lumbo-abdominal neuralgia, I would expect some relief from the arsenite of copper. Yet we must not confound the pain with the action of the uterus. They usually co-exist, but are not the same thing—they are separable. It is possible for the most energetic action to go on while there is comparatively little pain; the remedy therefore which may control the pain

does not necessarily diminish the violent contractions of the womb.

The preventive measures we have already detailed apply also to those cases where there is danger of laceration from other causes which we enumerated at the outset, but have not considered *seriatim* in the course of this paper. If the head from malformation be directed backwards upon the perineum, assistance may be afforded by proper manipulation tending to carry it forward towards the outlet.

Again, to prevent accident from sudden extension of the limbs when the head is about to emerge, an assistant should take hold of and firmly support and steady the knees; and in the absence of such, a large roll of something light and soft should be placed between them.

But supposing after all our precautions, or before our arrival at the bedside of the patient, laceration may have taken place, what is then to be done? This is certainly a most important question, and before answering it we must take into account the extent of the injury.

Prof. Tarnier, the annotator of Cazeaux, divides these lacerations into three grades, incomplete, central, and complete. "They are incomplete when beginning from the vulva, they do not involve the sphincter of the anus; central when the rupture occurs between the vulva and anus, without involving either of these openings; complete when the vulva, perineum and sphincter ani are torn, together with the recto-vaginal partition to a greater or less height." Prof. Tarnier maintains that in both the incomplete and central varieties of the accident, it is best to abstain from all operations, as not only unnecessary but possibly injurious. Dr. Madden, of the Dublin Lying-in Hospital, advises quilled sutures of silver wire or carbolized cat-gut, to be introduced *immediately* after the accident has occurred, and to be removed in forty-eight hours. This is his practice in all forms of serious rupture. He insists much upon the early removal of the sutures, and believes that adhesion has generally taken place in that short time. According to Prof. Tarnier, even complete lacerations will often heal without operation, but in such cases there can be no doubt but Dr. Madden's course is the most prudent. Where the sphincter ani is not involved and we decide to omit the sutures, the knees should be kept in close proximity, either by the will of the patient or secured by a bandage. A small compress saturated with a solution of tincture of Calen-

dula, or carbolic acid when the discharges smell badly, should be firmly applied to the wound and retained by means of a T bandage, care being taken that the compress should not be so large as to wedge the parts asunder. The strictest regard to cleanliness should be observed. The patient should not be allowed to walk about till the healing process is completed or nearly so.

There is reason to believe that this accident often occurs to considerable extent when it is either not detected by the attendant or if known to exist the patient is not informed. These cases, if such there be, recover spontaneously, more or less perfectly.

When attending a case of labor, if the uterine action has been very intense, the perineum rigid, the head somewhat suddenly extruded, and shortly after the child is born the patient manifests symptoms of severe shock, such as an extremely quick and feeble pulse, dyspnoea, a sensation of sinking, etc., there is reason to apprehend that an accident of this kind may have happened, even though it may not before have been detected. Careful examination should at once be instituted, and if rupture has taken place, such measures should be promptly adopted as the nature and extent of the injury may seem to demand.

In the first place, we should resort to means to relieve the patient from the shock of injury. If there be hemorrhage from wound or womb, we should use means to arrest it as speedily as possible. For uterine post-partum hemorrhage, the remedies to be given need not be mentioned here. For that occurring from the laceration, the best remedy will be to bring the edges of the wound together and secure them in contact by a compress retained by suitable bandage. The compress should not cover the outlet, otherwise the usual discharge from the womb will be prevented and accumulation take place. For the extreme prostration, camphor may be given by olfaction, or if it be very alarming, stimulants, as wine or brandy, may be administered, being careful to avoid excessive reaction.

HYDROMENINGOCELE TREATED BY PNEUMATIC ASPIRATION.

BY J. H. M'CLELLAND, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

IT was the intention of the writer to have presented a paper on the general subject of pneumatic aspiration, and especially to refer to his experience with the Aspirator in hydrothorax, hydropericardium, ascites, hydrocele, abscesses and hydromeningocele, but it must suffice at this time to speak only of its use in the latter.

The treatment of spina-bifida has rarely been followed by any beneficial result.

The drawing of the effused fluid with a trocar, and the employment of injections of iodine, etc., have seldom been productive of any good, although I have been made acquainted with a case treated by drawing off the fluid with a trocar, by Dr. Hofmann, of Pittsburg, in which the deformity was finally remedied. This, however, is a very exceptional case. The difficulty depending upon an arrest of development of a portion of one or more vertebræ, by which the contents of the spinal cavity, relieved of its retentive pressure, gradually forces its way out, taking with it the meninges of the cord, and very much after the manner of hernia, offers barriers very difficult indeed to overcome.

The only cases of a similar character upon record, as far as I know, are given in Dieulafoy's most complete treatise on Pneumatic Aspiration, issued in this country by Lippincott & Co., in 1873.

These cases are two. The first by Dr. Camora da Cabral, communicated to the Society of the Medical Sciences, Lisbon, in 1872, a typical case of this lesion, which was treated by persistent and repeated abstractions by Dieulafoy's Aspirator, and which resulted in a perfect cure.

The second was furnished the author by Dr. Rasmussen, of Copenhagen, and was treated in March and April, 1871, requiring eight aspirations.

This case was also a clearly defined one, occurring in the lumbo-dorsal region, had attained the size of an orange, and resulted in a perfect cure.

Now these cases, to be sure but two in number, giving results so entirely different from what had hitherto been obtained certainly introduced a new era in the treatment of

this affection, and places us under renewed obligations to the discoverer of Pneumatic Aspiration.

The harmlessness of the method is also a feature that commends itself to the general practitioner.

The principle of pneumatic aspiration, as given by Dieulafoy, I need hardly say, is the procurance of a *pervious vacuum*, made available through the instrumentality of very fine tubular needles; the extreme delicacy of these needles rendering their introduction into almost any organ of the body—however vital—practically harmless.

As a means of diagnosis in deep seated affections where fluid formations are suspected, this method takes front rank.

The case of hydromeningocele dependent upon bifid spine to which I call your attention, was a thoroughly typical one.

Immediately upon the birth of the child, a small protuberance was observed in the lumbar region, about the size of a coat button. Upon examination it was observed that there was a deficiency in the spinal column, that the integrity of the vertebral arches to the extent of an inch was impaired.

The physician in attendance said nothing could be done. In the course of a month the tumor had attained the size of a walnut, was extremely sensitive to the slightest touch, rendering the child difficult to handle and very nervous; although the functions of the bladder and rectum were normally carried on, and there was no paralytic condition of the extremities.

The anxious parents from this time made it their duty to consult one and another in the profession, receiving from each the assurance that nothing could be done.

When brought to me the child was three months old and in moderately good health; the tumor had attained the size of an orange, was extremely sensitive, and the integumental covering very thin, as though it would certainly give way before long.

I pronounced it a case of spina-bifida, taking the form of hydromeningocele, as others doubtless had before, and proposed at once its treatment by pneumatic aspiration.

After some delay the parents consented and I proceeded to withdraw the fluid. About three ounces of almost colorless liquid were abstracted, containing no albumen. In three days the tumor had again filled and was again reduced.

The effect on the child was to make it very nervous and sleepless, with inclination to draw back its head, and other symptoms of cerebro-spinal trouble. This gave way under the

use of Helleborus, and the child thenceforth progressed without much general disturbance.

The remedy given all through, with occasional intermissions, was Calc. phosph.

It is needless to refer in detail to the numerous tappings. Suffice it to say that it has required about twenty, many more than either of Dieulafoy's cases, the quantity varying from one-half ounce to three ounces, at intervals of from two to six days.

The present condition of the child is one of general improvement. The tumor has become contracted and hardened, and judging from the two cases above referred to, has progressed to a favorable termination.

SIXTH ANNUAL MEETING OF THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

THE sixth annual meeting of this society was held at Parson's Hotel, Camden, on Wednesday, May 20th, 1874, at 11 o'clock, A.M., the President, H. F. Hunt, M.D., in the chair.

Present—Drs. Hunt, C. J. Cooper, Beckett, Ward, Iszard, Wilson, Shreve, Wilkinson, Allen, Streets, Clay, Shivers, Austin and McGeorge.

The minutes of the previous meeting were read and approved.

Van R. Tindall, M.D., having moved back again into the district, was elected an active member.

The Secretary's report and the Treasurer's report were read, showing that the society continued in a prosperous condition, financially and otherwise.

Upon motion a committee, consisting of Drs. McGeorge, Wilson and Allen, were appointed to attend to printing the proceedings of the society for the current year.

The society elected officers for the ensuing year as follows: Pusey Wilson, M.D., of Moorestown, *President*; Jacob Iszard, M.D., of Glassboro, *Vice President*; Wallace McGeorge, M.D., of Woodbury, *Secretary*; Jacob G. Streets, M.D., of Bridgeton, *Treasurer*; Drs. Joseph Shreve, R. M. Wilkinson, Albert L. Beckett, *Censors*.

Walter Ward, M.D., of Mount Holly, Delegate to American Institute of Homœopathy; R. M. Wilkinson, M.D., of Trenton, Alternate.

G. B. L. Clay, M.D., of Moorestown, Delegate to State Society; H. F. Hunt, M.D., of Camden, Alternate.

The President-elect was escorted to the chair and delivered an address, thanking the society for the honor they had conferred on

him, and promising to do all in his power to advance the interest of the society. He then made the following appointments:

Bureau of Obstetrics—Drs. H. F. Hunt, Walter Ward, L. E. Allen.

Bureau of Surgery—Drs. J. H. Austin, G. B. L. Clay, D. E. Gardiner.

Bureau of Practice—Drs. R. M. Wilkinson, Jacob Iszard, A. Kirkpatrick.

Bureau of Materia Medica—Drs. Wallace McGeorge, G. W. Van Derveer, Albert L. Beckett.

At the afternoon session, Dr. Beckett gave some of the symptoms of a case he was treating, which elicited much interest, and on motion the doctor was requested to keep a record of the case and report the result at the next meeting.

Drs. Ward, McGeorge and Iszard mentioned cases, and asked the advice of the members upon them; after which the society adjourned to meet in August, at the same place.

WALLACE MCGEORGE, M.D., *Secretary.*

TOPICAL APPLICATIONS.

BY J. C. BURGHER, M.D.

(*Read before the Homoeopathic Medical Society of Pennsylvania.*)

AT the risk of being thought unfortunate in the selection of my theme, I propose to call your attention to the employment of remedial agents locally. Local treatment, consisting of an almost infinite variety of substances, has been employed in a numerous class of ills, from a very remote period. It is not necessary, therefore, to tell you that the subject is not altogether fresh, nor that it is not presented with reference to its originality. We are told that Frederick the Great made the smallest details of military life as much the objects of his attention as the active operations of war; and the surgeon acting on this principle will accomplish far more for the comfort of his patient than he can possibly do by disregarding it. For one I am not prepared to discard all local applications as worthless, although some have, wisely or otherwise, pronounced them even injurious.

If we expect to realize the full benefit of a remedy when topically applied, we must exercise the same care and discrimination in its selection as though we were prescribing a medicine to be taken internally. Local applications are often made in a hap-hazard way and on general principles, without

due regard to the particular application suited to each individual case, and the specific relation it has to it, or the quantity to be employed and the time it should be continued.

The great resources of our *Materia Medica*, and the brilliant results which follow the administration of medicines in accordance with the homœopathic law, have led some to believe that no local means are ever required; and yet we have daily evidences of recovery through the agency of topical applications unaided by any other medication. Why not then admit the fact and endeavor to apply the law of similars in selecting the local medicament, in all cases not calling for some neutralizing or chemically acting agent? To divorce medicine and surgery would be a calamity. While I advocate, etc., the internal use of well selected remedies, I protest against the rejection of local aids. Some affections are purely local in their beginning, and at first affect but a certain limited spot, such, for instance, as local burns, contusions, sprains, parasitic skin diseases, hydrocele, chilblains, hygroma, chancre, gonorrhœa, etc., which, while merely local, require no constitutional treatment. There are also local manifestations of constitutional origin, such as morbid growths, benign and malignant, hemorrhoids, indurated glands, erysipelas, rheumatism, etc., for the cure of which a resort to local means alone would be highly injudicious, but where they may often be used as *adjuvants* to internal medication. All treatment, whether local or constitutional, should be made with a view to facilitate, without interfering with, the natural process of repair. We may often effect permanent good in a negative way by merely and yet really preventing harm.

In operative surgery it is the province of medicine to precede or follow it, or both. In cases formerly regarded as only amenable to operative procedure, medical treatment now intercepts the knife. And where operations are required, the preparatory and after treatment anticipates and combats traumatic fever, inflammation, shock, gangrene, pyæmia and other possible complications. And yet with all our advantages over the old school in this respect, we should many times fail without a resort to some topical applications, which may range from a simple cerate to a destructive escharotic.

A SURGICAL CASE.

BY MALCOLM MACFARLAN, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

Successful removal of cataract in both eyes. Mrs. Catherine S——, æt. 45, living at 1353 Hancock St., Philadelphia, had an attack of facial erysipelas nearly three years since, which speedily induced an opaque condition of the lens, at first affecting the right eye, which became incapable of distinct vision in less than two weeks, and from that time grew worse by degrees until nothing more than light could be discerned. The same was true of the left eye, the disease however being rather slower in its development. For over a year previous to the operation she had been blind, unable to distinguish objects, feeling her way or being led about. Her general health was fair; both irides freely responded to the stimulus of light, and examination revealed the stellate appearances of ordinary senile cataract in both eyes. I performed Wecker's modification of the linear method of extraction, the puncture and counter puncture made just within the sclerotica on a transverse line a little more than half way between the horizontal meridian and corneo-scleral junction above. There was no upper conjunctival flap, the section at that part being entirely in the cornea, differing essentially from the ordinary or Graefe's method. The incision measured fully five lines, instead of four and a half as in the general method, thus affording a greater outlet for the passage of the lens. The iridectomy was freely made, forceps being used instead of the hook, and the lens after laceration of the capsule came away on slight pressure. Dressings were removed in four days and union found to be good, with but slight inflammation and excellent vision. This operation was performed on the 11th of April last before students of the summer course, and on June 1st I operated on the left eye in a similar manner, with like results. In the early part of September she was shown to the class, and subsequently being furnished with a pair of four and a half convexes, vision measured with the proper type was found to be in the left eye equal to two-thirds and in the right eye about three-fifths. She reads clearly and well the fine number one type and enjoys distinct vision at a good distance.

This case is certainly remarkable in that such a happy result should have taken place in both eyes, and is not so much

due to the skill of the operator as to the general good health of the patient and the absence of drug treatment to combat the usual attending inflammation, as has been pointed out in previous articles.

THE HAHNEMANN ACADEMY OF MEDICINE OF NEW YORK CITY.

REPORTED BY MARY E. BOND, M.D., SECRETARY.

AN adjourned meeting of the Hahnemann Academy of Medicine was held November 4th, in the Library of the Ophthalmic Hospital, Dr. T. F. Allen, the President, in the chair. After the transaction of the usual order of preliminary business, the President stated one of the objects of the meeting to be laid before the society to be that with reference to the proving of Sepia. He spoke at some length and endeavored to impress upon the members the very great advantages to be gained by the addition of new symptoms gained by personal provings. There had been much of great value relative to this drug transmitted to us, and this generation of Hahnemann's followers should contribute so far as possible, whatever lay in their power for those who should come after. In reply to the question what potency would be used, Dr. Allen replied that provings would be made from all potencies, as in no other way could a correct record be obtained. He then spoke of the urinary symptoms of Sepia and mentioned the brick dust sediment, and said that he had himself given some of the students that were proving, urinometers with which to ascertain the specific gravity; after they had carefully observed themselves for a few weeks, then they would enter upon the proving. He also spoke of the saltish character of all the secretions of the body, and expressed a hope that each member of the Academy would constitute himself and herself a committee of one to either prove the remedy themselves or carefully observe the results in those proving under their direct supervision. In answer to the question how should the drug be administered for proving, Dr. Allen said that he gave one dose and waited for symptoms; if none were manifested within a few days, he repeated the dose oftener. Dr. Waite then asked if, where a remedy had been given to several under the supervision of one, the reports of each should be given in full or only those symptoms which correlated. Dr. Allen said that it had been his custom to provide each one that was proving under him, a little blank book with pencil, and to suggest to them to carry it with them all the time in their pocket, and when after taking the remedy, they experienced any unusual symptom, to note it in the book, together with the time; if the symptom was one which they had had before, to note it also but to affix to it that it had been experienced when not under the influence of the drug, and each report be given in just as the prover made it.

Some general conversation took place, in which many expressed themselves as never having been able to prove a drug by taking either a low or high potency of a remedy.

DR. PIERSONS said that this had been his experience, with one exception, and that referred to the inhalation of the Amyl nitrite, which was presented at one of the meetings of the society a few

months since; he said that since that evening he had been troubled with his heart much more than formerly, and did not know whether to ascribe it to an aggravation of the remedy or whether it was simply a coincidence. He said that while formerly he was seldom troubled except when exercising, now he was attacked while sitting perfectly quiet. He had taken Cactus, but with no relief.

DR. CLARA C. PLIMPTON spoke of the case of a lady who had been subject to sick headaches as often as once in every two weeks. When she over-exerted herself so as to become very tired, she would have a great appetite, and satisfying it would be followed by a sick headache. She was in the habit of eating late in the evening. She would have during the headaches hot flashes and a sensation like that of an electrical current shooting very rapidly from one part of the head to the other. This symptom the doctor said she had been unable to find in any of the recent works, but it was given in the original Hull's Jahr. One dose of Sanguinaria, the 200th potency, was administered to the lady, and she had had no recurrence of the headache, although she had made no change in her mode of living.

DR. HILLS said that he should like an expression of the members on the subject of diphtheria. He had used as a local application only brandy and water, according to Grauvogl's plan, and would like the advice of others on the use of whiskey, alcohol or other preparations. He then spoke of the case of a child suffering from diphtheria, that was brought to him on a certain Tuesday, the Friday following it came again, and the day after it died. Apis was the remedy given. He spoke of several cases of diphtheria and ulceration of the throat that he had observed, which had yielded to Lachesis. Some of these latter cases were in families where there were members sick with scarlet fever. He then asked Dr. Swan if he would not give some information concerning the milk remedies and especially the action of Lac caninum.

DR. SWAN replied that he believed Lac caninum to embrace all the symptoms included in the provings of Lachesis, Belladonna and Lycopodium. He had used it in several cases of sore throat and with marked success. In reply to questions asked he said that the sore throats he had successfully treated with Lac caninum had *white ulcers* upon the tonsils, very little fever, pulse never over 105, very little prostration and there was no time but what the patient could take nourishment.

DR. PIERSONS had had some experience with diphtheria in a school for young ladies. Four of the cases were very severe, three of them yielded to Lachesis and the fourth to Apis. The one treated with Apis had a very long palate and looked as if *filled with water*; the diphtheretic membrane extended over the throat and fauces. Apissm in water, every hour, cured very speedily. He then spoke of one case that had been very badly treated by a person unacquainted with medicine. The patient was of a delicate, nervous temperament. Lachesis answered the indications and was given in the one hundred thousandth potency, in water, every hour for one day; the alternate days when taking the Sac lac. she would always fail and would not improve until she returned to Lachesis. This patient had frequent attacks of epistaxis and her throat was very *sensitive to touch*. No local applications were used. Beef tea was administered at short intervals through the day and night. The pulse never went above 120, and but once as low as 60. The prostration at times was very great.

DR. HILLS said that he had in some cases given brandy and water, and let them have a teaspoonful every hour through the day where there was great prostration.

DR. ALLEN said he had never made any use of gargles or local applications in cases of diphtheria. He then gave the result of the treatment of diphtheria in an allopathic dispensary in Brooklyn some years since. The first year, of one hundred cases, seventy proved fatal; the second year in the same number of cases, sixty proved fatal; the third year, using the single remedy of *Lachesis* in the homeopathic form, of the same number of cases but three proved fatal.

DR. YOUNG said he had had some experience in the treatment of diphtheria. While in the country where this disease was prevalent and very fatal she wrote to Dr. Wilson for some remedy for diphtheria; he sent her tincture of *Cantharides*. She treated over seventy cases with this remedy and did not lose a case. She put two drops in water and ordered them to take a teaspoonful of it every hour, and if the expectoration did not increase to make the dose four drops instead of two in water.

DR. ALLEN said that he had given *Cantharides* in cases of diphtheria where there was great burning in the throat, accompanied with a scraping sensation, so that when expectorating they even brought up blood.

DR. YOUNG spoke of the case of a woman afflicted with a peculiar headache; she experienced the sensation as if her brain were revolving rapidly on an axis. She administered *Nux Vomica*, the one millionth potency, with satisfactory results.

DR. NORTON cited the case of a young lady of about sixteen, who seemed in very good health, excepting that every winter as soon as the cold weather was established she had a fine eruption break out upon both the upper and lower extremities. This eruption itches very badly and is worse whenever she has her hands in either hot or cold water.

DR. HILLS said it reminded him of a case which he had, the eruption of which disappeared after the treatment of an acute pulmonary affection with *Apis 2^c*.

DR. WAITE instanced the case of a child who had an eruption that gave the sensation to the touch as if there were shot beneath the skin. After the child had been sleeping a short time, say till about nine o'clock, she would be awakened by the intense itching. She had given *Ant. crud.*, but without benefit. Dr. Hills suggested *Bryonia*. Dr. Norton said that his case had had the same eruption for several winters, and that last winter she was treated by an allopathic physician who gave her arsenic, and for the time she felt better. Dr. Swan advised *Pulsatilla*.

DR. PIERSONS then referred to a peculiar case of which he had spoken at a previous meeting. It was that of a lady whose flesh lay in ridges, and looked as if she had been struck with a small stick. He had used several remedies without any benefit, until now he had to report that the appearance had entirely disappeared under the use of *Lycopodium*.

DR. SWAN spoke of the case of an old lady of about ninety years of age, who had frequently the sensation of a film before the eyes, accompanied with vertigo, and while suffering with this she would seem to see a small, dark object, like a mouse or a bird coming up to her left. Dr. Swan prescribed *Lac caninum* the ^{cm} potency, and she

had had no more trouble of that kind. The eye was perfectly natural in appearance.

Dr. HILLS expressed himself as believing that the ophthalmoscope would afford an explanation for these illusions.

NOTABILIA.

BY BUSHROD W. JAMES, M.D.

DISEASE TENDENCY AND WEATHER PROVING. The past month (October) has been, like the preceding, quite a healthy one in this city, as regards epidemics, excepting the prevalence of scarlet fever at Germantown. Over the country generally epidemics have not prevailed, with the exception of some cases of yellow fever at Pensacola. Just now there is a disposition to inflammation of the mucous coating of the colon, and there is also a greater disposition of diseases to take on a typhoid form. Catarrhal affections are on the increase, as are sore throats and coughs. There has been no unusual atmospheric disturbance and no sudden changes since the last report, there being a dry, genial mild spell of weather, with but two or three rainy days; but a number of foggy nights have supervened.

CHOREA OF THE HEART. Dr. Reeves describes under this name a peculiar nervous affection of the heart, with the following symptoms: Severe attacks of palpitation of the heart set in during perfect quiet of the patient, especially during the first sleep at night, so that he is forced to jump out of bed and run for fresh air.

After the attack the patient feels weak, but if no other organic disease is present, can follow his usual occupation. It is especially an affection of youth, frequently connected with chlorosis or general chorea.

The disease shows most similarity with angina pectoris, but the latter is more frequently a disease of advanced age (forty-five and over). It could be mistaken for an affection of the pulmonary valves, but in the latter the murmurs are always alike, and the dyspnoea and the disturbances of the heart's action appear immediately when the patient ascends or walks far. In chorea the palpitation and the dyspnoea usually appear at night during perfect rest, and during the intervals the patient, if otherwise healthy, can run, walk great distances, and lie on either side. Chorea of the upper extremities affects the heart more frequently than of the lower

extremities. In young men, sedentary occupation, sexual excesses and intemperate smoking, and in women menstrual irregularities give a disposition. Dr. Reeves never observed rheumatism as a cause of cardiac chorea. Cold sponging of the chest and back and plenty of fresh air are of great benefit. *Schmidt's Jahrb.*, Nov. 2, 1874.

DIAGNOSIS IN HEART AFFECTIONS. "On placing the hand over the cardiac area in many people with thin chest walls, we can distinctly perceive the alternate movements of auricular and ventricular systole, with each corresponding diastole; and of course we can also readily appreciate any pathological change in their movements. Great increase in their force indicates hypertrophy; but a diminution of that force is by no means to be regarded as a certain indication of atrophy, dilatation without hypertrophy, or even of cardiac debility from any cause—though it may be a sign of one or the other of these phenomena, as well as of great pericardiac effusion, pulmonary emphysema, or even simple thickening of the thoracic walls. In many of these cases, especially in pericardiac effusion, but more or less in all, the cardiac shock may be rendered perceptible to the hand by causing the patient to sit up and lean well forward.

"In this case the readiness with which it can be appreciated and the position in which it is felt must be carefully noted. Forceful pulsation above the fourth rib and within the cardiac area may possibly be aneurismal, but most commonly depends upon dilatation and hypertrophy of the appendix of the left auricle. Forceful pulsation chiefly to the left of the cardiac area below the fourth rib, with depression of the apex-beat indicates dilatation and hypertrophy of the left ventricle; while pulsation beneath the lower part of the sternum, with disappearance of the apex-beat, reveals dilatation with or without hypertrophy of the right ventricle, the extent of dilatation being to some extent measurable by the amount of epigastric pulsation, the degree of hypertrophy being denoted by the force of the pulsation; when the whole heart is hypertrophied and dilated, a more or less violent shock may be felt over the whole of the cardiac area, and where the hypertrophy is great, the shock may be double—the first forcible and systolic, the second less forcible and diastolic—the result of the rebound of the enlarged heart from the posterior thoracic walls."

Boston Med. and Surg. Jour., Sept. 3, 1874.

OBSCURE SYMPTOMS OF HEART DISEASE. In a lecture by

Dr. N. J. Cummins, of Cork, in the *Irish Hospital Gazette*, he observes :

“A large proportion of chest affections of a chronic kind, which are not generally recognized as of cardiac origin, and which are unattended by any cardiac murmur, belong more or less to slight obstruction of the left auriculo-ventricular orifice, an obstruction insufficient of itself perhaps to produce much dyspnoea, but when combined with catarrh or bronchitis, or other acute or chronic affection of the nutrient (bronchial) bloodvessels of the lungs, aggravate those diseases enormously.

“There are numbers of old people over the bases of whose lungs crepitation is heard for years (although they may have little or no bronchitis or emphysema and little or no cough or expectoration), from passive congestion of the air vesicles due to slight mitral contraction, so slight as not to cause a presystolic murmur, and yet sufficient to obstruct the circulation.

“You know that the force which drives the blood from the auricles into the ventricles is not as great or as direct as that which drives it out of the ventricles; hence the frequent absence of murmurs in *very slight or very great* obstructions of the auriculo-ventricular orifice, such as is met in cases intermediate between the two. In the very worst case of contraction of the mitral valve which I ever saw, and which I watched closely for about the last two months of life, I never heard a murmur of any kind, and my diagnosis was founded almost entirely upon the character of the pulse and the pulmonary symptoms with profuse hæmoptysis. In that interesting case also of almost complete obstruction of the mitral orifice by a fibrinous clot, which I alluded to in my second last lecture, as well as another similar case which I saw with Dr. Tanner many years ago, there was no murmur. It seems to me that in such cases the amount of blood which trickles or leaks through the minute orifice, uninfluenced by any powerful and direct force such as that of a ventricle, is insufficient to produce the vibrations which give rise to morbid sounds.” *Med. and Surg. Reporter*, No. 913.

DIETETIC CURIOSITIES. Food and Bone.—“H. Weiske and E. Wildte, in the *Zeitschrift für Biologie*, report a series of investigations by them upon goats, which showed that although the withdrawal of lime or phosphoric acid from the food of adult animals led to fatal consequence, yet it had little or no influence on the composition of the bones, and in particular did not make them more friable. The present series of

researches was made with a view of determining whether any such influence was exerted on the bones of young animals. The animals selected on this occasion were Southdown lambs, about ten weeks old. One of these was fed upon food poor in phosphoric acid, a second on food poor in lime, and a third on normal diet. After the lapse of fifty-five days various bones were analyzed, and the general result was that, just as in adults so in young animals, no remarkable change was produced in the composition of the several bones by the difference in the diet; or in other words the composition of the bones is independent of the nature of the food. The bones were however stunted in growth." *Boston Journal of Chemistry*, Nov., 1874.

WASHING OUT THE STOMACH. "Dr. C. Ewald, of Berlin, describes a method of washing out the stomach which, on account of its great simplicity, seems likely to make the topical treatment of diseases of the stomach, especially in cases of poisoning, much more common. A piece of ordinary India rubber tubing, such as is used for gas lamps, about six feet long, is taken; one end is rounded with the scissors, and if necessary two holes are cut at a short distance from the end. This tube possesses quite sufficient rigidity to be passed without difficulty into the stomach. To the outer end a funnel is fitted into which can be poured either water or a solution of soda, etc., according to circumstances. If the contents of the stomach are to be removed, the outer end of the tube must be sunk to the level of the pubes, or even lower; then the patient must make a short but forcible contraction of the abdominal walls. By this means the tube is filled to its highest point with the fluid contents of the stomach, and becomes a siphon; the liquid continuing to flow until there is no more or till the tube is stopped up. This last seldom occurs if the tube be of a moderate calibre. Should it however happen, or should the abdominal pressure be insufficient to fill the tube in the first instance, or the patient be insensible, or any similar difficulty arise, it can in general be readily overcome by fitting a common clyster-syringe to the end of the tube, one stroke of the piston of which is generally sufficient to remove the difficulty." *Boston Journal of Chemistry*, Oct., 1874.

GLEANINGS FROM FOREIGN HOMŒOPATHIC JOURNALS.

VISCUM ALBUM IN A CASE OF CHOREA PRODUCED BY FRIGHT. A little girl about nine years old, of scrofulous habit and disposed to cutaneous affections, being frightened by a drunken man, came violently against a lamp post. A few days after, the following symptoms appeared:—Absolute incapacity for standing for three minutes steadily in one position; the muscles of the face, arms and legs were in constant motion; the countenance sad, stupid, and idiotic. It was with great difficulty she could put out her tongue; her speech was entirely inarticulate; she could not turn round at the table without assistance. Contrary to numerous observations formerly made in other cases of Chorea, I found that the motions continued during the night, and that the child was worn out from want of sleep.

Belladonna was given, and during the following days the convulsive movements were diminished by day but not by night. Hyosciamus was administered, which improved the condition of the patient by day but not during the night. The mother informed me that the child saw things double. This seemed to me most indicated in the proving of Stramonium, where objects seen always seem to disappear, or a part only of them remains constant. Under Stramonium the sleep improved, the diplopia vanished; but as for the rest notwithstanding all our care, no perceptible improvements was made in three weeks. I changed, therefore, to *Viscum album*, 1st, two drops for a dose, and prescribed *puro delle frizioni*. With this she grew worse. Her mother then begged permission to give the child the mistletoe tea, recommended to her by many friends. Being in doubt whether I had not given too small doses, I prescribed fifteen drops of the mother tincture daily, in four doses. Immediately an improvement took place and the convulsive movements ceased at once; the aspect of the child became more lively and she slept well. After having continued the use of the *Viscum* for a week, ulcers appeared at the corners of the mouth, a considerable excoriation upon the tongue, and a certain dryness of the conjunctiva. On this account I suspended the medicine. Then the mouth improved, but the symptoms of Chorea returned. I administered another fifteen drops, and the ulcers of the corners of the mouth and the dryness of the conjunctiva reappeared. Then I gave five drops only, every third day, and the patient continued to improve daily until the cure was complete.

The writer concludes by speaking of having used the Viscum with great advantage in two cases of Epilepsy of long duration; and no doubt this remedy has given many other proofs of its virtues. The two cases cured were women who suffered much from Metrorrhagia. Let us add that they induce the opinion that Viscum should be used only when the Epilepsy is accompanied with unaccustomed irritation of the womb.—Dr. Wilde in *Rivista Omiopatica* XIX, 9, p. 261. (From *A. H. Z.*)*

LAC DEFLORATUM. PROVING AND CURES. (*Proving.*) A lady, aged twenty-two years, of bilious-sanguine temperament, moderately fleshy, while in perfect health, on the fourteenth of March of the current year, took some drops of the fifteenth dilution. On the fifteenth she awoke with a disagreeable sensation of stupidity, which increased to a severe pain in the forehead, accompanied by nausea and chilliness. On the sixteenth she took the medicine every hour; nausea and strong desire to vomit on rising up; during the day the nausea subsided a little; the sensation of cold remained; she sat by the fire, but with no permanent relief. As yet no evacuation; appetite not so good as before. The seventeenth, she has continued to take the medicine. Strong sensation of suffocation, and efforts to vomit, without success. Indescribable nausea; severe pain in forehead. She could not make up her mind to go to dinner or to taste the least morsel of food brought to her. Her whole tongue was covered with a white coating; great sense of humiliation, as if some disgrace had befallen her. Every six hours the nausea returns. No evacuation. The rectum seems full, but she is unable to expel the feces. Coldness of the whole body, nails livid, nor do the heavy coverings prove too warm. Still greater prostration. The eighteenth, medicine as before. She awoke with headache. Ineffectual efforts to vomit. Is hungry and feels faint in the stomach, but is unable to eat during the loss of appetite. The thought of food increases the nausea. After many efforts, and consequent laceration of the anus, had an insufficient stool, large and hard. All day she has chilliness and presentiment of evil. The nineteenth, an unquiet night; feet not warm all night; headache, nausea and greater chilliness; stools very hard and large, during which, laceration of the anus and pains so severe as to make her cry out; afterwards loss of much blood. She

*We would call the attention of our readers to the remarks on Viscum album, by Dr. Charge, in this number of the *H. M.*

can no longer be induced to take the medicine. The constipation was so great she was obliged to have recourse to *Nux vomica*, which gave her remarkable relief. The nausea and efforts to vomit continued yet for some time every morning on rising. The natural stool returned only after several weeks. The menstruation, which had formerly been scanty and tardy, appeared more regularly and more abundantly.

Three cases of Cures. I. A lady, small, slender, nervo-bilious, the mother of four children, suffered for sixteen years with *hernicrania*, which came at least once a month, and for the last two years every Saturday. The attack lasted two or three days and obliged her to go to bed. *Symptoms:* Nausea, and sometimes vomiting, which relieved her. Pain in the forehead as if the head would burst, with blindness. The pain is diminished by binding a handkerchief tightly around the head; it is increased by light and noise. Constipation, with large stools. Hands and feet cold. *Nux* and Sulphur gave no relief. *Lac defloratum*^{1m}, repeated for seven hours, cured her.

II. A lady, aged twenty-nine years, tall, thin, the mother of two children, light hair and blue eyes, had suffered from her youth with headache, which became worse at the menstrual period—the menses being always scanty and accompanied with colic. Periodical pain in the forehead, as if the head would burst, accompanied with violent efforts to vomit, and more rarely with vomiting. The last attack continued for three days. Hands and feet cold; diarrhoea alternating with constipation, the latter predominating. Loss of appetite; the smell or thought of food produced nausea; the tongue moist and covered with a white coating; no thirst. *Lac defloratum*, one dose every hour for nine days. In the nine months following she had but a single attack, and that not very severe. She is now sufficiently fleshy and entirely well. The allopaths, first employed, could give no relief.

III. A lady, aged thirty-two years, small-sized, the mother of four children, was for seven years tormented with headache accompanied by nausea. The attacks came every eight days, during which the patient could neither eat or drink, nor endure light or noise; she did not even like to speak. Great prostration, particularly during the menstruation. When the pains subside, inflammation of the tonsil appears; the tongue is white and she has no relish for food. *Lac defloratum*^{1m}, one dose every hour. Two light attacks afterwards, when she was cured.

These three cases, chosen from more than sixty, are sufficient to show the action of this remedy. I always use the one thousandth potency or one still higher. *Rivista Omio-patica*, Aug., 1874. (From *A. H. Z.*)

PRACTICAL JOTTINGS. *Æsculus Hippocastanum*, tincture, used internally and externally, relieved and cured an extreme case of hemorrhoids. They formed a large, painful, strangulated mass, preventing the gentleman from sitting. Under the old practice this would have been considered a case urgent for operation.

Arnica, tincture, promptly checked severe hæmoptysis, in a phthisical patient. The blood was darkish, semi-fluid, and expelled after hacking cough. *Millefolium*^{200th} had sufficed for previous attacks, but failed on this occasion.

Baptisia^{200th} speedily arrested remittent fever in a child 4 years of age. She had several times complained of slight abdominal pains, and one morning (Friday) was found in a high state of fever. I visited her at 2 P.M. She had twice vomited frothy mucus; there was frontal headache; eyes dull; tongue thickly coated with white fur; skin dusky, dry, hot; tenderness and fullness above hypogastric region; moderate thirst; constipation; and general apathetic condition. Pulse 130. Medicine every two hours. On the following (Saturday) morning, at half past ten, the tongue was cleaning; skin less dusky and hot; abdominal tenderness had almost gone, and the aspect was greatly improved. She had once vomited, and had several times started up from sleep, exclaiming that there were "ugly things" about the walls. Pulse 116. Medicine continued. On the following (Sunday) morning, at 11 o'clock, the skin was moist; tongue clean; pulse 88; and she was up, and playing with her toys.

Camphor^{200th} has, with myself and others, repeatedly checked catarrh; a few doses, taken at frequent intervals during the sneezing stage.

Caulophyllum^{200th} arrested threatened miscarriage, when remedies administered by another practitioner had failed. All movement of the child had ceased; there was a sense of heavy weight, and profuse hemorrhagic discharge. The patient went her full time, and a healthy infant was born. In another case, about four months advanced, the danger was over by the third day. When consulted, there were paroxysms of labor pains so severe that the patient was obliged to hold to firm objects for support. The first decimal of *Caulophyllum* is especially useful in parturition.

Dioscorea^{12th} and ^{30th} has recently proved very serviceable in mitigating the pain of suppurating whitlow, affecting the right thumb. On a previous occasion there had been slight disease of bone, a repetition of which this remedy appears to have prevented. In the 200th, a few doses checked a troublesome diarrhœa in an old gentleman, when *Colocynth* had failed. There were frequent attacks of colic (always before a motion, sometimes without;) increased by bending forward, and eased by assuming the rigidly upright posture.

*Hipposanin*¹² permanently cured a child suffering from extensive eczema, who had been several months in other hands. No other drug was given. It also proved of great service in a case of inveterate rupia, in a girl aged 16, who had suffered from the complaint from early childhood. She subsequently died from the effects of cardiac disease; probably induced by arsenical treatment.

*Hyosciamus*⁶ recently carried a patient well through the crisis of remittent fever. The pulse was 100; temp. 40° C. (104° F.;) tongue red and cracked; there were heavy, sour perspirations; troublesome dreamings; and bronchial complications, with difficult, frothy, hemorrhagic expectorations.

Kali carb.^{200th} relieved acute gastritis, resulting from chill; accompanied by attacks of twisting, hot pain, at the epigastrium, extending upwards beneath the sternum, and downwards into abdomen, with distension and gripings; nausea; constipation; aching in the limbs; and neuralgia of the temples. Drawing pains in the breasts had yielded to *Conium*¹². The cure was completed by *Chamomilla*¹.

Lycopodium^{200th} carried me through the crisis of rheumatic fever, with severe cardiac complications. There existed intense dyspnœa; dilatations of the *alæ nasi*; great flatulence; epigastric constriction; and profuse, sour perspirations. Each dose afforded perceptible relief.

Podophyllum has been the basis-remedy for what amount of summer diarrhœa there has been in this neighborhood. After the subjugation of the earlier symptoms by other medicines (notably *Veratrum alb.*;) there frequently remained profuse, watery, gushing, offensive, painless stools; sudden urging; vomiting, or empty retching; retraction of the abdominal muscles; and great prostration; which promptly yielded to *Podophyllum*. My experience was first gained with the 200th potency; some of my *confrères* arrived at a similar conclusion from administering the mother tincture.

Rumex crispus^{200th} subdued a serious attack of diarrhœa, affecting a gentleman 70 years of age, where *Sulphur* had failed. The chief symptoms were: early morning aggravation; nausea; and colic. Tickling cough, increased by cool air and talking, subsequently developed; when *Rumex* acted well.

Vaccinin^{200th} quickly relieved the severer symptoms of variola, occurring in a child aged 6 months. Two days previous to the eruption appearing, she had been revaccinated (at an interval of eight days,) on a nævus near the right nipple. Deglutition was difficult, through implication of the tongue and fauces. The pustules, many of large size, were scattered over the scalp, face, body and limbs. *Vaccinin* was given on the second day. By the following morning deglutition had somewhat improved; and the next day was fairly easy. The pustules were rapidly fading. She was then attacked with croup. This yielded promptly to *Hepar sulph.*^{200th}, and by the fifth day of treatment she was convalescent. A case (age 28) in which tinea tarsi and conjunctivitis remained as the result of variola in infancy, has been much benefited by *Vaccinin*^{200th}. *Sulphur*¹², *Mercurius sol.*¹², *Rhus tox.*⁶, *Thuja*¹², and *Zincum*¹² had been administered without any decided improvement. The conjunctivæ have lost their painful sensitiveness, and the eyelashes are becoming perfect.

Variolium^{200th} was given as a prophylactic to two children, sisters of the infant above mentioned. Both had been vaccinated in infancy, and the younger had excellent scars. The elder had varioloid two years previously. She again had a slight attack, a week subsequent to the baby's recovery, which a repetition of *Variolium* at once checked.—Dr. Morrison, in *Monthly Homœopathic Review*, Nov., 1874.

REMEDIES FOR AFFECTIONS OF THE RESPIRATORY ORGANS: EITHER NEW OR BUT LITTLE USED.

Translated for the *Hahnemannian Monthly*, from Dr. Charge's recently published *Traitement Homœopathique des Maladies des Organes de la Respiration*.

ACALYPHA IND. Hæmoptysis, intractable; emaciation; slow fever, with pulse small and depressed.

A physician of Calcutta, Dr. Tonner, with this medicine in the mother tincture, cured a very violent, dry cough, followed by bloody expectoration. This led to the employment of this

remedy in many cases of hæmoptysis, with satisfactory results. "The hæmoptysis ceased" says one, "as if by enchantment, in cases where the usual hæmostatics had failed." *Expectoration bloody*, produced by violent cough.

ARANEÆ DIAD. Expectoration, bloody. Hæmoptysis. Among subjects weak and anæmic through privation of all kinds, and dyspeptics.

BALSAM PERU. Expectoration puriform and very copious.

BOUNAFÆ. Expectoration yellow and thick, raised in very great quantity. The results of bronchial irritation. Inveterate catarrh.

BUFO. Cough in consequence of cold feet. Cough dry, with sharp pain or burning in the chest. The cough is nocturnal, provoked towards three or four o'clock in the morning by a tickling in the larynx, which he feels only at this hour. Cough, violent with vomiting. Cough, with mucous or sanguinolent expectoration, or even with pure blood. Laryngitis, hæmoptysis, phthisis pulmonalis. Expectoration mucous or sanguinolent or formed of pure blood, raised principally in the morning and evening, with sensation of cold in the chest, a sensation which is often succeeded by heat and congestion.

CARDUUS MAR. Expectoration; spitting up pure blood; mucus mixed with blood; the results of a disease of the liver.

CODEIN. Expectoration, very abundant, mucous, and sometimes purulent; caused by a persistent cough which is worse at night.

COMOCLADIA DENT. Cough, with pain in the left breast, which traverses the chest so as to make itself felt under the scapula of the same side.

CUBEBS. Cough principally in the morning and evening, from movement and warmth; barking croupal cough, with sensation of a foreign substance in the larynx; dryness and burning in the throat, with constant need of swallowing saliva to moisten the throat. Severe cough, with burning and tearing pain in the chest; spitting of blood principally in the evening. Expectoration always difficult and painful, but copious, yellow, greenish, rusty or streaked with blood. Pulmonary catarrh; hæmoptysis; phthisis pulmonalis.

The old school has learned empirically the curative virtues of cubebs, in many catarrhal affections; for example, first, of the mucous membrane of the larynx; second, of the conjunctiva, both that portion which covers the inner surface of the lids and that which covers the eyeball even to the circumfer-

ence of the cornea (Blennophthalmia, Velpeau and Roux); third, of the mucous membrane of the urethra (Blennorrhagia, Delpech, Dupuytren, Velpeau, Trousseau and Pidoux, etc.); fourth, of the mucous membrane of the vagina (Leucorrhœa); fifth, of the mucous membrane of the nose. It was reserved for one of our school to make known by experiment upon the healthy body, the action of Cubebs upon the bronchial mucous membrane, and also to provide a valuable remedy in pulmonary catarrh. *Hæmoptysis and phthisis pulmonalis, with burning and tearing pains in the chest and spitting of blood, principally in the evening.*

CURARE. Cough. Cough dry, spasmodic, which shakes the whole body, provokes vomiting, and is often followed by fainting. Sensation of roughness and dryness in the whole course of the respiratory passages. Cough which is made worse by breathing cold air, by laughing, moving and eating. Burning and shootings in the larynx; hoarseness which occasions almost complete loss of voice. Expectoration yellow, gray, greenish, bordering upon the black. Burning heat in the chest, with sensation of distension. Respiration difficult, stitching pains in the right side. Precordial anguish, with palpitation and stinging pains in the heart.

M. Claude Bernard states that Curare paralyses as well the vaso-motor as the musculo-motor nerves. This fact is to be borne in mind, as capable of being made useful in the future; but we owe to the pathogenesis of this medicine already made by our school, that we can be sure of its perfect appropriateness in certain forms of spasmodic cough, of laryngitis, of aphonia, and of pulmonary catarrh.

Expectoration yellow, gray, inclining to green and black, with frequent hoarseness; suffocating attack, with sensation as if the larynx were stopped up. Expectoration of red blood, often without cough.

CYNOGLOSSUM OFF. Cough, dry, nervous. Violent and obstinate cough during sleep. Continued fever. Much sleeplessness. Expectoration purulent and sanguinolent.

Expectoration purulent and sanguinolent, with violent and obstinate cough, without sleep. Continued fever. Great sleeplessness.

ELAPS COR. *Hæmoptysis*, expectoration of black blood, with sensation of laceration in the region of the heart. Before the cough taste of blood in the mouth. Cough characterized by expectoration of masses of black blood, and often with sensa-

tion of laceration in the region of the heart. Before the cough, taste of blood in the mouth. Very violent attacks of dry cough which terminate with expectoration of black blood, with severe tearing pains throughout the whole chest and principally at the apex of the right lung. Oppression after having eaten. Laryngeal phthisis; pulmonary phthisis.

ERYSIMUM. (Hedge Mustard.) Aphonia. More or less total loss of voice, resulting from forced exercise of the respiratory organs. Symptoms of catarrh of the bronchia, and chronic irritation of the mucous membranes of the mouth, pharynx, and tonsils.—*Hæc in tussi inveterata, asthmate, item, raucedine et nimia vocis contentione, incidens et expectorans efficax celebratur.* (Murray.) “Its infusion, taken internally powerfully cuts* (incise) the mucus stagnating in the lungs and other passages, provided, nevertheless, *that it should not be given* when the diseases of the chest are accompanied with fever.” (Boerhaave, Hist. Plants, p. 428.) A syrup is made which is more in use than the infusion of the plant; it is prescribed in cough, and hoarseness. It should *not be continued too long, nor begin with too big a dose.*” (Dict. rais. de Mat. Med., VII., p. 348.) This last recommendation is made no doubt because too prolonged use of this remedy, or too large a dose, has been seen to be followed by aggravation. What a lesson! Equally unnatural in its use and in its mode of preparation, the Erysimum was made to aggravate the very diseases which it was fitted to cure. No doubt these aggravations are the best proofs of its homœopathicity.

In reviewing the scientific works of the past we find sometimes observations made by intelligent men, which place in bold relief some portion of the truths proclaimed by our school. Thus we read in Buchotz in his article on Erysimum: “the infusion should always be preferred to the decoction, because fire destroys the volatile particles of plants, and, therefore, their efficacy.” Nothing more need be said, but that we press Buchotz’ logic a little further than he does: Since fire destroys the efficacy of plants, it is better to omit it entirely in preparing them as medicines,—and this is precisely what the homœopathic school does; this is an indisputable improvement upon the infusion.

ERYTHOXYLON COCA. Phthisis pulmonalis. Cough, dry, at evening in bed; cough thick in the morning, with whitish-

* The English word *cut*, as well as the corresponding French *incise* and Latin *incidens*,—seems to be used in the popular sense to dissolve; as alcohol is said to cut or dissolve oil.

yellow expectoration, dense and viscous, accompanied with dryness of the mouth and throat, with thirst.

Fetid breath ; painful oppression of the chest and continued need of deep respiration. Pains under the clavicles, more severe under the left clavicle. Transient shooting pains in the left lung, between the third and sixth ribs, worse during a deep inspiration. During the whole day, feeling of excoriation in the upper portion of both lungs. Heaviness in the chest and respiration restricted, which obliges him to walk slowly. Palpitation of the heart, with general weakness.

In the evening in bed, more severe oppression, with great anxiety and prostration. At night, heat and sleeplessness, with throbbing of all the arteries. Flashes of heat on the back and of burning in the belly. Nocturnal perspirations. The fever of the Coca is distinguished by the extreme weakness which accompanies it. Ringing in the ears. Beating, cracking, *en avalant*. Suborbital headaches. Flashing before the eyes ; emaciation.

Sadness ; irritability. He delights only in solitude and obscurity. Frequently he gives proof of obstinacy.

Aggravation of the midnight symptoms at four and ten o'clock A.M., and at two o'clock P.M. Loss of appetite, especially for solid food. Foul spots at the commissures of the lips. Lips and gums pale. Dryness of the lips and of the mouth, especially on awaking. Thirst. At night and in the morning, a sensation in the mouth and palate as if he had eaten pepper. Nausea, with vertigo ; weakness of digestion. Frequent eructations. Borborygmus. Constipation from inactivity of the *rectum*. Urine copious, with a dark-red sediment adhering to the vessel ; the urine becomes turbid after standing and is covered with a light pellicle.

EUGENIA IAMBOS. Cough of the throat. In coughing, pain principally in the throat pit. The cough is more frequent in the evening and at night. There is no shadow of an expectoration.

GLECOMA HEDERACEA. (Ground ivy.) Chronic Bronchitis. From the observations of Dr. Schuler, this medicine, since 1833, has taken its place in our *Materia Medica*, and well deserves to retain it. Its sphere of action is not restricted to the respiratory organs ; it exercises such an influence upon the skin as brings cutaneous affections also within its domain. On account of this elective action upon the skin, tradition placed this medicine among the vulneraries. But, since Dr.

Schuler, there can be no doubt of its efficacy in those dyscrasias of psoric origin with which the organs of respiration are intimately associated.

Cough, chronic, obstinate, with or after repeated hæmoptysis. Cough with abundant and purulent expectoration; bronchial obstruction. The expectoration becomes less abundant, and more difficult. The expectoration is either mucous or purulent. In these two cases this medicine is capable of rendering great service.

INDIGO. Cough dry, always accompanied with expectoration.

INULA HELENIUM. *Chronic Bronchitis.* The elecampane, which I have studied for a long time, and of which I purpose by and by to publish a complete pathogenesis, exercises a very pronounced elective action upon the mucous membrane of the bronchia and vagina and upon the skin. It constitutes a perfectly homœopathic remedy, and acts with surprising effect in the following conditions:—Cough thick, heavy (grasse), with abundant expectoration; leucorrhœa very abundant, accompanied with weakness on the part of the digestive tract, general languor and debility. Suitable for those whose skin has been or is still the seat of psoric manifestations. In default of cutaneous disorders, engorged glands are sufficient to authorize the employment of elecampane.

KALI PERMANGANATI. Expectoration, very fetid.

KAOLIN. Croup; voice rough, metallic tone; sound of a rasp, in respiration; suffocating cough.

Kaolin, porcelain earth, is by no means a stranger to our *Materia Medica*; for a long time my confreres have informed me orally or by letter, that it had been found useful in some desperate cases of croup. The most flattering testimony that I know in its favor is that of Landesmann, who, after publishing his very remarkable observations, adds: "From these experiences I think Kaolin may be counted among the most efficacious remedies against croup, and its employment recommended in the worst cases, when all other remedies have been administered in vain."

LICHEN ISLANDICUS. *Iceland Moss.* Cough. A great analogy exists between this Lichen and the *Lichen pulmon.* (*Sticta pulmon.*), and perhaps this latter should be preferred, since we may gather it in our own country; but it is none the less true that the Iceland Moss has for so long a time established its place in therapeutics by the cures that it has

wrought, that we can scarcely help being prejudiced in its favor, and it becomes important to determine its exact value; thus will be dispelled the vexatious illusions that have at least the serious inconvenience of causing the loss of precious time, or therapeutics will be enriched by an agent invaluable in a disease the most fatal to human hopes. In either case the question will well repay the trouble of examination.

Murray (p. 514) expresses himself in the following words on the value of *Lichen Islandicus*: "It mitigates the cough, renders more free the respiration, diminishes the fever, corrects the expectoration, increases the desire for food, improves the digestive powers and restores the strength of the whole body. It restrains perspiration and colliquative diarrhœa, and so replenishes the body by its nutritious particles that, instead of emaciation it shall assume its former fullness." I have been struck by these statements and have wished to inquire if they were well founded. I have not had time to satisfy myself on all these points, but from my clinical experience I believe myself authorized to erect the following landmarks: First, deprived of its bitter part, the Moss has no other (medicinal) property. Second, the febrile state is too generally regarded as counter-indicating the use of the Moss; this is a mistake. That *lenit febrem* "it renders the fever more mild," is true, on the contrary. We need not, therefore, fear to employ it when the pulse is accelerated, if elsewhere there is prostration of strength, exhaustion and consumption (atrophy). Third, the chronic cough, presumptive of tubercles before auscultation proves them present, complicated by hæmoptysis, diarrhœa and night-sweat, is certainly modified advantageously by this medicine.

Murray then was not wrong; and this affords another occasion for agreement with the commentator of the Codex, that the empirical ideas laboriously acquired by medical experience through the lapse of ages, remains for a long time its principal resource. But let us advance a little farther.

The chronic cough which establishes itself after measles, and which in most instances continues only because it is supported by a morbid condition developed in the chest, in consequence of some constitutional affection, will find in the *Lichen* a precious specific. This also Murray has proved, either by his own experience or through that of other physicians for whom he speaks; for example: "It allays cough after measles; this cough succeeding after measles, with purulent excretions

and the remaining train of phthisical symptoms, it cures in many children. The most usual indications: cough harder and more frequent before the eruption, whether good or bad, is often removed by this Lichen, although inveterate. Likewise the chronic catarrh which often passes into phthisis is discussed by it." (Page 512, tome V. *Lichen Islandicus*.)

Even empiricism has had its good moments. It is not without reason the old masters have written in their hours of freedom: "It is empiricism which saves us; we never do so well as when we practice empirically."

LIMAX. *Helix, Slug or Water-Screw*. Cough. The slug is one of my *desiderata*, which I will supply, perhaps, some day; but *Ars longa, Vita brevis!* All the pharmaceutical preparations based upon the Helix, with which the prospectuses inundate us, neither help the sick nor conduct the physician to any exact knowledge of the actions of the slug upon the human body. It is only when *swallowed whole, in its perfect integrity*, that it acts efficaciously. Chrestien, of Montpellier, whose prospectuses should not be disdained as authority, since it is under his wing that its advocates shelter themselves, causes his patients *to swallow them alive*; it is when taken in this way that I have seen the slug produce excellent effects in tuberculous phthisis pulmonalis with cavities and hectic fever.

In accounting for the healing virtues of the living slug, I have already said that it contains sulphur. In boiling the sulphur is dissipated, and there remains nothing more than a boiled mucilaginous moss as disgusting to the sight and taste as it is useless in its effects. It is by the presence of sulphur then that I explain the curative action of the living slug. It has not been proved that I am mistaken.

It is certain that heat exercises destructive influence as well upon animals as upon plants, and that it is wise to abstain from having recourse to its action. Still less should we use the slug calcined and reduced to ashes, as some have boldly recommended.

To which slug, the black or the red, shall we give the preference in therapeutics? Shall we choose the black or the red slug? And why not the Shagreen (slug) of Montpellier, *Helicine aspersa*, the one employed probably by Christien, and consequently the one which has the greatest title to our confidence as having been longest experimented with and having also produced good results.

For my own part, in making the homœopathic preparation—the third trituration—of the slug, I have only had at my command the red slug, *Limax ruber*, and my clinical experience shows that this preparation is capable, in the severest cases of phthisis pulmonalis, of advantageously modifying the cough and expectoration, and of improving the digestion. It should be studied.

The alimentary use of slugs has been noted as injurious to consumptives (Lanzoni, Seunert, Sabizius, Welsh). This is an additional reason for believing in the curative virtues of the slug; there is no medicinal property where there is no power to change the human body in some way, and the pathogenetic effects set forth the curative indications.

LYSIMACHIA NUMMULARIA. Money-wort. Phthisis Pulmonalis. I am not sorry to bring from forgetfulness the *Lysimach. num.* The old school, when she deigns to occupy herself with it, considers it as vulnerary and astringent. We have taken no account of it under such vague designations, but independent of official teaching, there are practitioners *à la tradition* who deserve no small respect; and when they employ this remedy for a disorder so grave as phthisis pulmonalis, we ought not to neglect to obtain a knowledge of its medicinal virtues. Let us then present the clinical tradition of the *Lysimach. num.*

Tragus advises it in decoction for phthisis. Boerhaave held it in high esteem, and prescribed it in ulcerations of the lungs and hæmoptysis. (Merat et de Lenz, *Supplement*, p. 144.) The Monks, according to Gottenhoff, gave it to sheep, in order to preserve them from phthisis pulmonalis. (Cazin. *Traité prat. et rais. des Plantes médic. indig.*, p. 694.) “Its juice is specific against phthisis.” (Waldschm, p. 276, t. v., du *Dict. de Mat. Medic.* publié chez Didot, à Paris, en 1773).

Let us add that we are authorized by recent facts to consider *Lysimach. num.* as modifying with advantage the expectoration of consumptives, when it is of a circular, nummular form. We are not authorized as yet to class the *Lysimach. num.* in our homœopathic *Materia Medica*; a pathogenesis which only time and study can give us is essential to this end, the object of our legitimate ambition. But I think that, with due regard to the claims of science, we ought not to neglect the consumptives; and that we are already perfectly authorized by clinical experience to have recourse to this remedy.

It is found useful when the expectoration, more or less yellow or greenish, assumes that rounded form which appears only in advanced cases of phthisis, and belongs to tuberculous softening. *C'est acquis.* And these recent experiences (*preuves nouvelles*) have a higher bearing when they are sustained by the experience of past ages! Let us then give the Lysimach. num. when it is indicated by this form of the expectorations; the pathogenesis will come afterwards, but let us not too long deprive ourselves of a precious agent which certainly can only modify the product of secretion after having exercised a salutary influence upon the secreting surfaces. Indeed, with a curative action upon this very lesion, what may we not expect? I have a well-founded hope that in the near future the homœopathic Materia Medica will restore to honor many medicines which have been praised in former times, and which are completely ignored to-day. The true reason of their abandonment is that pride of science which refuses to accept a curative action of which it neither knows the reason nor the relation of the cause to the effect. The reason, in therapeutics, is experience; I desire to know no other. And as to the relation (*rapport*, correspondence) of cause to effect in the veritable cures of which tradition has preserved the memory, let us cease to pre-occupy ourselves with it; this relation is no other than true homœopathic correspondence.

The remedies whose pathogenesis we have established with so much labor, cure when we apply them in conformity to our law; but it is not less true that remedies which made cures before our time, *cured because they were homœopathic*, as the smoke ascended and the stones fell before the time of Newton. Truths are eternal; they have a beginning for man only because man is ignorant of his own nature, and because, therefore, they are but gradually revealed to him.

Expectoration. Expectoration yellowish, greenish, assuming a rounded form.

MERCURIUS CYAN. *Chronic Laryngitis.* Ulcerations of the middle of the palatine arch, with inverted edges, uneven and callous. The whole palate, the columns of the velum, and the tonsils are swollen, and of a palish color. Breath of a repulsive odor.

MYRTUS COM. *Hæmoptysis* in tuberculous subjects, who complain at the same time, of acute pains in the superior portions of the left side of the chest. These pains radiate backward to the point of the scapula of the sound side.

Phthisis Pulmonalis. Stitch in the left breast, which pierces its upper portion and passes directly backwards to the left shoulder-blade; worse when drawing a long breath, yawning and coughing. Burning pain in the left side of the chest, with beating and tickling. Hepatization of the left lung.

NARCISSUS. Daffodil. Bell-flower. Lent-rose. *Whooping-Cough.* The *Narcisse des pres*, according to Orfila, is a poison acting specially on the nervous system and on the interior membrane of the stomach, in which it determines inflammation; at the same time it acts upon wounds or upon the cellular tissue of a limb, and has been employed *with success* in whooping-cough; this is incontestible. The fact is proclaimed by a great number of observers worthy of belief. It is desirable to work out a pathogenesis which will permit us to individualize the cases in which this medicine ought to prove useful. In default of suitable record of the treasures of experience, all that we can say of this medicine resolves itself into little more than what Plutarch knew of it; "it puts the nerves to sleep." It is then in the convulsive period that it is exclusively applicable.

But *a propos* to Narcissus, I believe it will be useful to record a lesson left us by a great physician, and which ought not to be forgotten. This great physician is Laennec. "I have obtained," he says, "by *Narcisse de pres*, cures of whooping-cough with a surprising rapidity, in five or six days." I have often heard it announced to the world, by physicians who assume to be followers (*continuateurs*) of Laennec by the affected pains they take to auscultate the sick, that homœopathy was absurd in pretending to arrest diseases; those diseases have their term like pregnancy (I cite textually despite the poverty of the reasoning) and that in every case it is only necessary to know how to wait.

When these physicians acquire a better understanding of the whole teaching of their favorite master, they will know from him that whooping-cough may be cured in five or six days; that is to say, that when a malady is attacked by its specific remedy, it ceases immediately without being held to the development and increase that it would have experienced if left to its natural course.

NICCOLUM. *Cough.* Nocturnal cough so violent that the patient is obliged, in spite of himself, to sit up and hold his head pressed between his two hands. Cough dry, concussive, often continuing for hours. Hoarseness. Cough with great

dyspnœa, but little or no expectoration. Nervous state; predominance of cold; sensation of emptiness in the stomach; constipation.

PULMO VULPUM. Asthma. Professor Raue says it is recommended by Grauvogl in the humid asthma of old people, when all other remedies have failed. (Raue, *Path. and Therapeutics*, p. 169.)

SILPHIUM LACINIATUM. *Resin-weed.* Asthma. Strongly recommended by many physicians of America and (especially) the West, *in all forms of asthma.* This generalization dismays me, and I wish to see as little of it as possible. But after such an ovation as this remedy has received, I could not pass it by in silence; and I avail myself of this opportunity to state what I know of *Silphium laciniatum*.

In the *Prodromus de Candollei*, vol. V., p. 512, we find two plants mentioned under the name of *Silphium*.

First. *Silph. laciniatum.* Stalks two and-a-half inches to three or more. Tubercules brown, leaves of a very elegant form, large, pennate, leaflets lanceolate, pumatified; capitules in clusters, yellow, borne upon an enormous scape. I do not doubt that this is the *Silphium* proved by my colleagues.

Second. *Silph. compositum.* *Laciniatum* of Walter.

Third. In the *Dict. uni. de Matière Médi.*, de Merat et de Lens, tom. 6, p. 344, mention is made of a *Silphium tercbinthinaceum*, a plant having its leaves covered with a viscous coating; nearly all that can be said of it is, that it is named *Rhubarb of Louisiana*, because its roots may be substituted for those of the true rhubarb.

All varieties of the *Silphium* are exotic (in France). The first is believed to be found "ad ripas flum. am. bor, præsertim ad Mississippi" (Pursh); "in Georgiâ occid. et ad montes Alleghany" (Ell); the second, "in Sylvis Glareosis maritimis a Virginiâ ad Carolinam" (Pursh); "in pinetis siecis Carolinæ merid." (Fras! Bosc!). The third is introduced by Merat and Lens, as a grand plant of North America.—Neither of these varieties then can be confounded with the *Silphion* of the ancients.

The *Silphion* of the Greeks and Romans we find in a plant of Asia minor (New Cyrene). This name is applied to a plant that exudes a resinous gum called *Laser*. What is this plant? M. Littré in his translation of Pliny, gives it the name of *Thapsia Silphium* L.—Others hope to find a solution of the doubt in the genus *Laserpitium*. But there are many

varieties of *Laserpitium*: *L. gummiferum*; *L. latifolium*; *L. Siler*. To which shall we give the preference?

A friend worthy of credit has awakened in me the hope that all these mysteries may shortly be dissipated. He states that the Silphion of the Ancients is positively restored to our possession, thanks to the persevering efforts of young savants who have themselves gone to seek for it in New Cyrene (Cyrenaique), and who have made their report. The true plant, the famous Silphion is in their hands. My friend Dr. Potin is already experimenting with it, and he has confided to me the fact, that this precious agent in so short a time has enabled him to arrest the commencement of phthisis, which announced itself by a continued cough, profuse perspiration, and nummular expectoration, with progressive emaciation.

These hopes fill us with joy; and when they are founded upon the word of a physician so capable, so modest and so conscientious as Dr. Potin, we ought to give them the warmest welcome.

SILPHION (CYRENAIQUE). Phthisis Pulmonalis. The Silphion of the Ancients, which decidedly appears to be the juice of the root of the *Thespiea Silphium* L. of which Pliny speaks in these words: *Quod græci Silphion vocant, in Cyrenaicâ provinciâ repertum, cujus succum vocant laser. Magnificum in medicamentis et ad pondus argentei denarii pensum*; rapidly takes its course in the homœopathic therapeutics, sowing everywhere in its passage apparently incontestable proofs of its immense value. The *Magnificum* among medicines ought not to seem an exaggeration, and the *ad pondus argentei denarii pensum* (worth its weight in silver), will soon, I trust, be deemed below the truth. Such services could not be bought with money.

Already in distinguishing the *Silphium laciniatum*, advised for asthmatic affections, and with which it is necessary to guard carefully against confounding it, I have spoken of the hopes that the "*Silphion found in the Cyrenean Province*" and which we have the good fortune to possess in France to-day, has made us entertain in the treatment of phthisis pulmonalis. I have begun to employ it, and ere long I will relate what may have been the results of my experience. But in the mean time, it is at once a duty and a pleasure to announce here, on the authority of a colleague who could neither deceive himself nor others, that Silphion has proved wonderfully curative in cases of phthisis of the third degree, where every-

thing indicated that the end was near; extensive cavities, incessant cough day and night, profuse perspiration, loss of appetite, etc.

At present it is necessary to study the characteristics of Silphion, since there is no universal panacea, and we would not seem to authorize so foolish a dream. Medicines are *only the modifiers of organs or functions, never the antagonists of morbid entities*. (*Commentaires Thérapeutiques du Codex medicamentaries*, par A. Gubler:—Préface, page XI.) This is a truth for us, it belongs to our school, and when the official teaching proclaims it because its justice is recognized, it will be unpardonable in us to forget it for a single instant. There will never be specifics against a morbid entity; there are specifics against totalities of symptoms; in order, then, to assign to Silphion the place which it ought to occupy in our therapeutics, one thing alone is to be done; to determine with precision and certainty the totality (*ensemble*) of symptoms, which it is capable of producing in a state of health; this *ensemble* will be the exact measure of the disorder which it can effectually combat.

TABACUM. *Whooping-cough*. Violent hiccough after the fit of coughing.

Cough, which produces in the pit of the stomach the sensation of a wound by some sharp instrument. Attack of cough followed by a violent hiccough; we have pointed out this characteristic under whooping-cough. Spasmodic, convulsive cough.

We owe to observation the two following facts: First, the rasps and cutters of tobacco are very subject to diseases of the chest, to hæmoptysis, to pneumonia; second, the fumes of tobacco reaching the lungs among workmen engaged in its manufacture, exercise a healing influence in phthisis. "Six years of observation," says W. Buef, of Strasburg, (*Annales d'Hygiène*, 1842) "have confirmed me in the opinion that phthisis makes a less rapid progress among those already sick, who curry the seeds of tobacco in the workshop. Inquiries made in the tobacco manufacturies of Bordeaux, Lille and Havre, give the same results." The pathogenetic and the curative action are alike verified. Already we know that among the diseases of chewers figure in the first rank hæmoptysis, laryngitis, chronic bronchitis with general emaciation, anæmia, palpitations, oppression and pains in the shoulders at night. Violent pain in the chest, as if it were clasped with a

vice; anguish in the region of the heart, with constriction across the upper part of the chest.

TUSSILAGO FARFARA. *Coltsfoot.* Cough. Chronic cough in paroxysms, day and night, with or without expectoration; a continued tickling increased by talking, excites the cough. Hoarseness, night sweats, emaciation. Phthisis pulmonalis. Catarrhal cough which continues a long time, with quickened pulse, peevishness and melancholy. In the time of Dioscorides, the sick inhaled the vapor from a decoction of the leaves through a funnel applied to the mouth. This method, which remained in use till the end of the seventeenth century and was much praised, might be employed for those who suffer with dry cough and difficulty of breathing. Hippocrates used the root of *Tussilago*, prepared with milk and honey, for ulcerations of the lung. In Sweden they smoke the leaves like tobacco, for cough. Hiller, according to Ray, cured many consumptive children, by giving them the leaves cooked with their food. Haller, Cazin reports, claims to have cured many phthisical patients solely by the use of this plant. An accurate pathogenesis of *Tussilago farfara* alone can enlighten us; we record the preceding statements only out of respect to tradition.

VISCUM ALBUM. *Mistleto.* Cough. Convulsive cough (*Bulletin de Thér. t. XXI., p. 207.*) Convulsive asthma, (Kœlderer). Whooping-cough:—Dr. Dumont, de Gand. Its operation is so speedy that it may be ascertained in twenty-four hours. Dr. Dubois, de Tournais;—Whooping-cough for three months, considerable relief in two days; in five days reduced one half; disappearance of the malady in seven days. The same symptoms with more vomiting; such prompt improvement that the fits of coughing ceased almost entirely at the end of two days. These facts deserve serious attention, and call for a pathogenesis which will place us on the road to the characteristics of this remedy.

ZINGIBER. *Asthma.* Respiration very painful; oppression; scratching (sensation) in the throat, which excites the cough. Burning and smarting in the throat; cough dry, with pains in the chest and copious expectoration only in the morning. At night the difficulty of breathing is greater; the patient is obliged to remain sitting up in bed. Aggravation for two hours in the morning. The condition most favorable for the success of *Zingiber* is when the patient preserves his mind free from anxiety in the midst of physical sufferings from threatened suffocation.

EDITORIAL NOTES.

A VERY HARD CHEEK. Dr. E. D. Burr, of Lansing, Mich., has just sent us a circular concerning the "Michigan Homœopathic College," from which we select the following choice paragraph:—"Those contemplating attending at the "Detroit Homœopathic College," should well consider the action of the "American Institute of Homœopathy," (the representative body of the profession in America), at its annual session in June last, at Niagara Falls, when a graduate of the Michigan Homœopathic College was admitted to membership, whilst those from the Detroit School were refused admission; showing the estimation in which the "Michigan Colleges are held by the American Institute of Homœopathy." Dr. Burr is himself the "graduate" referred to in his circular. One of the last acts performed by the Institute at its session at Niagara Falls was the admission of Dr. Burr to membership. The doctor represented himself as a practitioner of Homœopathy of upwards of thirty years' standing, a licentiate of an Allopathic County Medical Society of the State of New York, and a *graduate* of the Lansing College (of which he was a *professor* at the time of his graduation). He was admitted upon his standing as a practitioner, on his "merits," as set forth by himself, and nothing could possibly be more plainly or more decidedly expressed than that his admission to membership was not to be in any way construed into an acknowledgment of the Lansing College. And on the other hand the graduate of the "Detroit School" who was refused admission, was refused simply upon the ground that, in the estimation of the Censors, he had been guilty of "unprofessional acts," and not at all on account of the place of his graduation.

We have received from a member of the Institute a sheet entitled the "*Granger*" *Supplement*, which purports to contain a report of the proceedings of the late session of the Institute. In this report, in which truths and lies are most ingeniously dovetailed, this same Dr. Burr figures largely. We regret that want of space prevents our giving this report in full, for the benefit of those of our readers who were present during the session. The adventures of Baron Munchausen are paled before the deeds and speeches of this wonderful Michigander, who, with the rest of it, moved that the Institute meet next year as an "*Industrial Grange*," at Lansing, Mich. Dr. Burr was permitted, by the courteous act of the Institute, to present some statements regarding the use of homœopathic medicines in surgical cases, and he was likewise permitted, by another overstretch of *courtesy*, to make some remarks in his own behalf, at the time the question of his admission was under consideration. Beyond these two occasions he made no public remarks. He was not entitled to speak as a member until after his election, and almost immediately after his election the final adjournment took place.

The above statements are made after a very careful examination of the stenographer's report. If the false statements and bogus reports of speeches made and resolutions offered by Dr. Burr have appeared by his act or with his connivance, he is an unworthy member of the Institute. It is high time for this great homœopathic representative body to set up higher and stronger barriers to membership, and to have a more stringent discipline for those who are already members.

TO MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. The "Transactions" for 1870, supposed to be exhausted, may now be

obtained by *members entitled to receive them*, by applying to Dr. E. M. Kellogg, 231 Broadway, N. Y., a number of copies having been found by a former secretary.

PERSONAL, MARRIED. On October 22d, 1874, by Rev. J. F. Dripps, Dr. Mahlon M. Walker to Mary E. daughter of Enoch Taylor, Esq., all of Germantown.

Dr. Walker has removed from his former residence to No. 12 West Walnut Lane, Germantown. He is the Recording Secretary of the Homœopathic Medical Society of Pennsylvania.

PUBLICATIONS RECEIVED.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. Delivered at the Bellevue Hospital Medical College. By WILLIAM A. HAMMOND, M.D., etc. Edited, with Notes, by T. M. B. Cross, M.D., etc.

This handsome volume, which consists of a series of lectures delivered at the Bellevue Hospital Medical College, and at the N. Y. State Hospital for diseases of the Nervous System, is eminently practical in character, and may be regarded as a supplement to Prof. Hammond's larger "Treatise on Diseases of the Nervous System," a work which has within three years passed through four editions.

The present volume treats of most of the important affections to which the brain, the spinal cord, and the nerves, are subject, and the various cases upon which the lecturer's remarks are based are very fully considered and reported.

Among the diseases to which attention is drawn are: "Cerebral Thrombosis, Cerebral Embolism, Cross-Paralysis, Congestion of the Spinal Cord, Chronic Inflammation of the Spinal Cord, Reflex Paralysis, Chorea, Aphasia, Facial Paralysis, Glosso-labio-laryngeal Paralysis, Cerebral Hemorrhage, Hematoma of the Dura Mater, Posterior Spinal Sclerosis, Athetosis, Progressive Muscular Atrophy, Convulsive Tremor, Chronic Basilar Meningitis, Cerebral Congestion, Epilepsy, Facial Neuralgia, Cervico-occipital Neuralgia, Intercostal Neuralgia, Sciatica, Organic Infantile Paralysis. Each of these are illustrated with very interesting cases, and each lecture is given in plain terms and yet with scholarly and erudite completeness that makes the whole work charming as well as very instructive reading; reminding one, in these respects, of the "Lectures" of Professor Ludlam, of Chicago.

This work will be especially interesting at this time to physicians of the homœopathic school, as it relates to a class of diseases now attracting a great deal of the attention of physicians of our faith. And, therefore, while we do not approve of Professor Hammond's methods of treatment, we confidently recommend this work to our readers as one with which they will not be disappointed.

The work is presented in one handsome octavo volume of about 300 pages, and is published in excellent style. Price \$3.50.

On sale by the Publishers New York City and by Claxton, Remsen and Haffelfinger, Philadelphia.

HOMEOPATHY IN VENEREAL DISEASES. By Stephen Yeldham, L.R.C. P. Ed., M.R.C.S., etc. Third Edition, revised and enlarged. London: H. Turner & Co., 1874. Pp. 184.

The author of this work is well known to American homœopath-

ists, not only on account of the present brochure, but as a contribution of numerous highly practical articles to the British journals. This treatise on venereal diseases and their treatment is marked by the practical character of the author, who is a man of large experience and keen power of observation, and whose advantages have been great. This third edition of his publication is an improvement on former editions of the work; the sections on Condylomata, on Affections of the Brain and Spinal Cord, and of the Eye, and on Syphilis in Children, are entirely new. The article on "Tertiary Syphilis" has been to a considerable extent recast and expanded; and the work has been revised and amended throughout, to comport with the latest experience of the author. In addition to these improvements, the value of the work has been greatly increased by the addition of an Index, without which no book should ever issue from the press.

Our readers will find this a valuable treatise, and as such we commend it to them. It contains the essentials of the knowledge how to treat successfully the various forms and manifestations of venereal disease in accordance with homœopathic principles.

It is gotten up in good style, and is on sale by Boericke & Tafel, at any of their establishments.

A GUIDE TO THE PRACTICAL EXAMINATION OF THE URINE. FOR THE USE OF PHYSICIANS AND STUDENTS. By James Tyson, M.D., etc., with a Plate and Numerous Illustrations. *Philadelphia*: Lindsay & Blakiston, 1875. Pp. 182. Price, \$1.50.

The author of this work, who has had an abundant daily practical experience in chemically and microscopically examining the urine, modestly apologizes for the introduction of his book to the profession, upon the ground that such a treatise was apparently not needed, in view of the numerous volumes treating on the same subject. We are of the opinion, however, that Dr. Tyson deserves the thanks of medical men for giving them a work in brief which contains so much that could only be gathered by consulting a collection of volumes. The larger works treating on the Urine are too comprehensive for general use and ready access, while the several manuals or guides heretofore published are too limited in their scope and too brief in their directions to be all that could be desired; while Dr. Tyson's work steers handsomely between the two and presents us with all that is necessary to be known to successfully and satisfactorily examine and test urine as an aid to diagnosis and a proper prescribing for disease. The work is unusually well illustrated for a smaller treatise, containing a colored plate illustrating "Pigment Flakes," and some thirty or forty well executed wood-cuts. The modes of approximate estimation so commonly used in the German laboratories, it is believed, are published for the first time in English, in this work. For the details of these the author is indebted to the treatise of Hoffmann and Ultzman, which is frequently referred to in the text.

Printed in handsome type on fine white paper and well bound, this work is on sale by the publishers, Lindsay & Blakiston, Philadelphia, and by booksellers generally.

T H E

HAHNEMANNIAN MONTHLY.

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FACTS AND THEORIES OF HOMŒOPATHY. No. 7.

The Vital Principle. No. 1.

BY JACOB JEANES, M.D.

SOME among us may consider meddling with theories as an insignificant and time-wasting business; inasmuch as diseases may be cured by proper treatment according to the homœopathic law, whether the dynamic theory be true or false. Yet we should remember that theories which are inductions from facts, serve not only to preserve a recollection of their relationship, but may also lead to the discovery and demonstration of important truth.

The dynamic theory propounds that all diseases (except those falling to the portion of surgery) depend upon an untuning of the life-power in feelings and actions.

This theory is a recognition of the great fact that diseases as we see them are products of the vital principle. But it is objectionable because it eliminates from consideration the prior or cotemporaneous injuries of the organization; and also because it conveys the idea that the vital principle can be "untuned."

We will find upon close investigation that diseases are the signs of the efforts of the vital principle to counteract or to cure organic injuries; and that diseases arising from mechanical hurt are as much products of the action of the vital principle as those diseases which arise from more occult injuries inflicted by miasms.

We will also find that in producing even the worst forms of disease, the vital principle is not acting as if it were untuned, although in order to preserve the organism it should be compelled to resort to extraordinary and harsh measures. In such procedures its decisions may be compared to those of the commander of a ship who, when the necessity is great, throws his cargo overboard to lighten his vessel, or who cuts away his masts when his ship is on its beam ends, in order that it may right itself. When such acts are performed under urgent necessity, and when they are so properly timed and executed as to produce the desired results, we give credit to the captain for coolness in the hour of danger, and good judgment in the selection of the proper means for the preservation of his craft. Should we not give proper honor to the vital principle even when through the sacrifice of a part it succeeds in preserving the life of the remainder? We should! Yet we do it not or only to an unduly limited extent. We see the disease and we dread it, but we overlook the fearful condition of injury of the organization which renders the disease, as we see it, necessary to the salvation of the organism; less perfect indeed than before, yet still an organism. And in consequence of such imperfect observation, we may go so far wrong as to consider the vital principle to be the primal cause of disease, itself being untuned, instead of honoring it as the conservator of the organism and the repairer of injuries inflicted upon the organization by mechanical, chemical or toxical forces. To guard against such error, let us now consider,

The Life, the Life-power, the Lebenskraft, the Dynamis, Nature.

When the vital principle deserts an organism, there is only the organization left. This soon commences to perish. The herb fades, withers and dries up when its life has departed, or if it be exposed to heat and moisture it rots.

The animal organization, when no longer under the laws of life, becomes subject to the chemical laws which the vital principle had before enabled it to resist, and the soft parts speedily putrefy.

At the moment when the being ceases to be an organism, because of the departure of the vital principle from the organization, the latter must be of nearly the same constitution as it was an instant before. Nearly the same elements in nearly the same proportions in the different parts as when they were living. Yet chemical affinities, which were counteracted in

the organism for years, begin to develop those forces which bring about the total destruction of the organization. The counteragent to these affinities is the vital principle, which also affords abundant evidence of its power to repair many of the injuries inflicted upon the organization by inimical forces. It is therefore the conservative combattant in the battle for existence, which is so poetically mentioned by an eminent German physician of the old school.* His remarks may here be given, without an endorsement of all his views. He says that "medicine concerns itself with life in general and with the life of man in particular. Man, as a part of the complete organismus of the universe, seeks, like every other created being, to tear himself loose from the whole and to establish himself as an independent existence. On the other side we find the efforts of nature to engulf the individual life and to unite it with itself.

"So there arises an opposition ; a strife between the egoistic and the planetary principles. So long as the egoistic preponderates or holds an equality, the creature will maintain its integrity (health). But, when the opposite takes place, when the egoistic is overcome, then must the creature go to the ground. The victory of the planetary principle is the death of the individual life.

"Disease is also the battle of the egoistic principle (the individual life) with the planetary (the injuring power which seeks to destroy it)."

The remarks just quoted may be of use in calling attention to the constant efforts of the vital principle to preserve the health of the organism of which it is a part. But while viewing the preservative and curative operations of the vital principle, we should not lose sight of the fact, that with materials collected and arranged by vital principles similar to itself, the individual life forms an organization with which it is to be incorporated for a time. That when the materials which have been prepared for it in the ovum, seed, or bulblet, are exhausted, the organism is so far developed that it can draw its nutriment from the outer world. That the air, the earth and the water furnish in varied forms, as suited to the different organisms, the substances which are requisite for their growth, development and uses. And that in every healthy living being, the vital principle directs the selection of the elements, and their proper arrangement and employment in the right proportions, in the different parts.

* Schönlein.

The contrast between the organism and the organization is intense. The former, instinct with life, presents to us the phenomena of life. The latter, being no longer under the protection of the vital principle, becomes subject to chemical law. The former is in constant conflict with powers which do not appear to exercise any influence on the latter, except as they may hasten or delay the processes of decay and disintegration. And among these powers are those chemical affinities in opposition to which the vital principle has constructed the organization, and which, after the departure of this principle, exhibit their decomposing powers.

This hasty glance at a few of the duties and operations of the vital principle may well lead us to doubt that it is ever untuned. It may be compelled to modify and change the vital actions in order to repair injuries, or to overcome their consequences, which otherwise would prove destructive. These modifications and changes constitute a large part of those aberrations from the normal condition which we view and speak of as diseases, and are only attributable to the presence and action of the vital principle, since in its absence they can not occur. Yet to decide from these facts that the vital principle itself is untuned or deranged would be hasty and improper. For, in order to reach a right judgment in this matter, we should observe its motive and intentions in producing new and extraordinary workings in the organism. The former appears to be an instinctive desire to preserve its connection with the organization as long as may be possible. The latter, the intentions, in consonance with its motive, are the preservation and repair of the habitation which it has constructed for itself, and in which it still seeks to dwell. Therefore, when the organism has been imperilled by injury of the organization, and when it happens that the measures adopted by the vital principle for repair prove successful, we should give it credit for a wisdom in its processes which is incompatible with the supposition that it can be itself untuned or deranged.

The attribution of motive, desire and intention to the vital principle, as if it were an intelligent existence, although not new, may be startling to some. But it is needless to quote from authorities for its justification, since the facts with which we are all acquainted go far to prove its perfect propriety. The most conspicuous of these facts are those which occur in the cure of diseases, and which will be brought under review in the consideration of the following propositions :

First. That all diseases result from injuries of the organization.

Second. That all cures are performed by the vital principle.

Third. That the vital principle may be greatly assisted in its work of repairing injuries, by medical art employed under the direction of medical science.

In the consideration of these propositions, mechanical injuries are the first to claim our attention.

What are the facts in relation to incised wounds? That cotemporaneously with the incision there is communicated to the common centre of sensation the feeling of a cutting pain. That following upon this is hemorrhage, which is greater or less according to the larger or smaller size of the divided blood-vessels, or as the tissues injured are more or less vascular. That the wounded arteries soon begin to contract and coagula acting as dams to form in their extremities. At the same time, the *vis a tergo* is diminished, because the force of the circulation is lessened by the effects of the loss of blood upon the organism. That when the hemorrhage is subdued, the work of cure goes on. That when the surfaces or sides of the wound are brought and maintained together, reunion by the first intention may be speedily established. That when medical art is not employed to aid the vital principle and the gaping wound is left untended, more protracted processes of cure will be requisite and a larger cicatrix will be a consequence. And that, as medical art comes in to second nature in the process of healing, so, in the hemorrhage, it may assist in the preservation of life from the loss of blood, by means of styptics, compression or ligature.

In the process of the reunion of the dissevered parts there is soreness, tumefaction and redness about the wound. This has received the name of the adhesive inflammation. It is abnormal, differing from the rule of action which pre-existed to the injury. But as it occurs in the course of repair, the vital principle is acting in accordance with the law which it should obey in order to effect a cure. The production of the adhesive inflammation is therefore to be regarded as normal in the case of incised wound.

For the same reasons, and for their obvious necessity and utility, which you well understand, the processes of suppuration and of separation of the deadened from the living parts, are to be considered as normal procedures of the vital power.

In fractures of the bones, the process of deposition of osseous matter, which would be abnormal and highly mischievous if there were no fracture, is here necessary for re-uniting the broken bone. The vital principle establishes the processes and supplies the materials which are necessary to effect reunion, but medical art may do much to assist it by bringing and maintaining the surfaces of the fracture in proper apposition. By these means the cure may be expedited, a better condition of parts secured, and deformity prevented. A thigh bone has been fractured at mid-length and the fractured ends have passed each other about two inches, yet have been firmly reunited side by side, osseous deposit welding the cylinders together. Had the surfaces of the fracture been brought into coaptation, which could have been easily maintained, as the fracture was nearly transverse, the limb would not have been shortened two inches, and in all probability the cure would have been more speedily effected.

It seems very awkward to use the term disease in relation to those operations which tend towards cure. But it is an awkwardness which cannot be avoided, inasmuch as all departures from the usual health are termed disease. And as the operations necessary to the repair of injuries of the organization are new and extraordinary, and attended by uneasiness, discomfort or suffering, the term is applicable to them as well as to the direct consequences of injury. Indeed, it is more appropriate to the former than to the latter, because most of the symptoms which constitute disease are, as has been already said, the evidence of the new or extraordinary actions to which the vital principle is compelled to resort in order to counteract or to cure organic injuries.

We are to observe the distinction between the wound, the cutting pain, and the hemorrhage, which are the injury and its direct consequences, and the indirect results, which are the new and extraordinary operations of the vital principle to heal the wounded parts. These are the adhesive inflammation, the suppuration, the granulation and the cicatrization. By these, nature seeks to establish reunion, and to create a new surface or skin where the old has been destroyed. The use of mechanical means in assisting nature has been already mentioned; and it will now be proper to say something in regard to the benefits which may be derived from the employment of medicinal agents. Our time being very limited, will not permit any extensive remarks on this subject at present. It may

therefore be sufficient now to recall to our minds the value of *Aconitum* when the inflammatory fever is too great, or the inflammation about the wound is greater than necessary. In these cases there must be some resistance to the efforts of nature to execute its purposes. From the permanent relief and speedy cure which follows, it seems right to view the medicinal power—which operates in the direction which nature is endeavoring to pursue—as giving such an impulse to the vital principle as to enable it to accomplish its work more speedily and with greater ease.

Our attention may also be advantageously directed to other highly important uses of the adhesive inflammation and of suppuration, as they occur in abscesses. These may be first studied as they exist in subcutaneous abscesses or boils. These in their beginning are small, hardened tumors, which gradually enlarge. After some time a softening is to be felt, generally in the central part. This shows that suppuration has commenced. As this process advances, the softening becomes more and more perceptible. To make room for the increasing amount of pus, the walls of the abscess are absorbed, and the absorption proceeds until the skin has become so thin and weak over the abscess that it bursts and the pus flows out, often carrying with it a portion of dead cellular membrane, popularly termed the core. This course of operations seems to explain itself. A portion of cellular membrane has passed into a condition antagonistic to the remainder of the organization. Some long forgotten bruise or other injury may have been instrumental in producing such a condition. But whatever the cause, the fact of an ill condition ending in the death of a portion of the cellular membrane is evident; and its presence is so detrimental that the vital principle seeks its removal. Adhesive inflammation and the effusion of coagulable lymph form a sanitary rampart around it, whilst suppuration and absorption effect its separation in the manner just stated. This rampart also prevents serious and dangerous infiltrations of pus into the cellular membrane. These remarks also apply to internal abscesses in the viscera of the great cavities of the pleura and peritoneum. An abscess of the liver may travel, being preceded by adhesive inflammation, so as to empty itself into the stomach, or bowels, or even externally, without any escape of matter into the cavity of the abdomen.

In regard to the benefits to be derived from the employment of medicinal powers in the treatment of abscesses, let us all

call to mind our experiences of successful results in tonsillitis, or suppurating quinsy. We all know cases in which an infinitely small dose of *Belladonna*, or of some other homœopathically adapted medicine, has, when administered early in the disease, effected a cure in a few hours. And this in persons who had been subject to attacks of suppurating tonsillitis, and at a stage of the complaint where, in previous attacks, active antiphlogistic and counter-irritant treatment had utterly failed to do away with the necessity of suppuration. And, in addition, such cases have been followed by long continued immunity from the disease.

CHARACTERISTIC SYMPTOMS.

BY ADOLPH LIPPE, M.D.

THE therapeutic law of the homœopathic school of medicine teaches us that the characteristic symptoms of the sick must be similar to the characteristic symptoms of the remedy, if we understandingly practice that system and expect infallible results. In a former paper we endeavored to illustrate that the mental symptoms were the most characteristic symptoms of the sick; that they and other symptoms were so because they did not properly or necessarily belong to the form of disease to be treated, but were in reality plainly showing the peculiarly individual and on that account characteristic symptoms of the sick. The characteristic symptoms of each remedy (or as a modern phrase runs, the genius of the remedy) can only be ascertained by comparing the pathogenesis of similar remedies; and in like manner only can we ascertain the characteristics of forms of disease. If, then, the most characteristic symptoms of the sick are those presenting themselves in an individual case *not* belonging to the form of the disease to be treated, it implies the necessity of an accurate knowledge of the characteristic symptoms of the disease: *i. e.* symptoms by which this disease differs from similar diseases, and therefore from all other diseases. In order to ascertain these characteristic symptoms of diseases, the same means which we rationally apply to ascertain the characteristic symptoms of remedies may be resorted to. We then have to compare similar diseases, just as we compare similar remedies, and as we have now attempted to advance our knowledge by "*comparative materia medica*," so can we expect similar advantages by also attempting to establish a "*comparative pathology*."

It is our endeavor now to show the possibility of such an undertaking, and we shall try to compare two diseases so similar* in their known symptoms, exhibiting like sufferings, that even the most advanced pathologists have been at a loss to diagnosticate them differentially. These diseases are carcinoma of the stomach and the round ulcer of the stomach. The similarities† consist in periodical attacks of pains in the abdomen (cramps), with vomiting of food, simple mucus or bloody mucus; these periodical attacks are generally attributed to some dietetic imprudences, till their repeated return points to a more serious cause. The two diseases end differently; the carcinoma by gradual exhaustion of the organism, while the round ulcer generally terminates fatally during one of the attacks of cramps, suddenly, as soon as the ulcer perforates the stomach. The difference in the *termination* of the diseases is of no practical value, if other differences have not enabled the physician to correctly diagnosticate the case; if he has not been enabled thereby to predict correctly the future of the case; a qualification which, from the times of Hippocrates up to these days, a physician had to possess to secure, as Hippocrates calls it, the *confidence* of the people.

The characteristic difference is in the face of the sick; not only in that peculiar hue of the complexion, denoting carcinoma or cancer, but especially in the skin symptoms. Patients suffering from carcinoma of the stomach have small scales, beginning to form first on the nose, extending over the face and scalp; the scales are very small, often like dust, are easily brushed off, only to give place to similar new formations; and as the patient improves, these scales become fewer in number and extend over a smaller surface; as the disease gains ground these scales increase in number, extending over a larger surface. In cases of the round ulcer the skin remains smooth; there are no scales to be seen on the face or any other part of the body.

Could all the different similar diseases be compared in this manner, we would make a long stride forward in the know-

* It would be as silly to compare whooping cough with yellow fever as to compare Aconite with Gelseminum. Where there are no similarities there can be *only* differences; where the similarities are greatest the differences are most characteristic.

† The idea suggests itself that, in making comparisons of remedies (making comparative *materia medica*) it would be very advantageous to give, *first* the similarities and then the differences. For example: when comparing Belladonna and Glonoinum,—both have congestions to the head, fullness in the head, beating and pulsation in the head, *but*, all these symptoms are *worse* under Belladonna when lying down and uncovering the head (having one's hair cut), *better* under Glonoinum when lying down and uncovering the head (having one's hair cut). Mere differences, without similarities, are of very little practical use, and to point them out requires only mechanical work.

ledge of pathology, just as we would continue to gain largely in the knowledge of materia medica did we continue to compare similar remedies; first finding their similarities and then their *characteristic* differences. The increased and extended knowledge of pathology would enable the homœopathician to find with more certainty the characteristic symptoms of the sick, viz., the symptoms peculiarly characteristic of the sick, because not by necessity belonging to or characteristic of the disease (if that disease is known) from which the sick person suffers.

Professor S. Lilienthal, M.D., the learned editor of the *North American Journal of Homœopathy*, evidently led astray by the new departure of Schüssler and his aiders and abettors, tells us on page 211 of the November (1874) number of that valuable quarterly: "*We must find out the action of a remedy on a certain tissue, we must learn to change altered tissue to healthy tissue.*" That is exactly what Hahnemann taught the profession to do, provided the "*healer*" follows him, does as he did, and does not run after every new boasting pretender. Now suppose for a moment that we were enabled to diagnose with certainty the differences between carcinoma and the round ulcer of the stomach. If we then surely knew in what manner the tissues were changed in either case; and if we also knew to a certainty that Arsenicum album has caused similar symptoms to those found to exist where carcinoma of the stomach was present, and had even cured such cases; if we knew that Kali bichromaticum has caused symptoms resembling those existing where the round ulcer of the stomach was present, and had even cured such cases; could we therefore with certainty proclaim that Arsenicum album was *the* specific for carcinoma of the stomach and Kali bichromaticum *the* specific for the round ulcer, and that these remedies would surely change the altered tissue to healthy tissue? *No*, let us say *no* to our learned Professor. Why no? Because there are no specifics for specific diseases;* because homœopathy insists upon individualization; because the clinical experiment, the ultimate true test of all medical propositions, shows the fallacy of such argument, of such deductions. And now we will, as is our habit, "*illustrate*" our position. During our practice it has been our privilege and our duty to treat

* Professor S. at the University of Pennsylvania continues to teach this great truth: Said he, while lecturing on typhus fever—Be not misled by the various boasted specifics offered by various writers—there are no specifics for typhus fever or any other fever or any other disease. You must treat individual symptoms, but not names of diseases. *That is progress, Professor L.!*

cases of the above named diseases. Were we as homœopaths to go back to the treatment of altered tissues *only*, were we to abandon the teachings of Hahnemann, and in these days of advancing science pick up the abandoned Egyptian camps with their fleshpots of "pathology," then history would tell on us, "tell an awful tale!"

Illustration. A case of carcinoma of the stomach—well marked by scales first appearing on the nose, later, as the periodical attacks of cramps become more frequent, extending over the scalp, face, neck and chest,—a case which, by the aid of Hahnemann's teachings, before the days of Schüssler with his tissue remedies, before the imposition of a specific for all carcinomas by the celebrated Grauvogl, was entirely and *permanently* cured. In this case the increasingly violent attacks of cramps never were accompanied by the same concomitant symptoms; and these very varying concomitant symptoms, not necessarily belonging to the form of disease but to the individual suffering from that disease, were in this, as in all other cases, the unerring guide to the finding of the curative homœopathic remedy. At one time the attack would come on during the day, at another time during the night; at one time the patient would lay perfectly quiet, only groaning, and never moving till the vomiting attack compelled him to do so. At another time the patient would be tossing about, exhibiting great restlessness with much thirst, burning pain, etc. At another time again the patient would complain of crampy pain in the abdomen, with violent vomiting. Again, he would lie quietly, covered with cold perspiration, and vomiting, while the pain in the abdomen would be described as resembling the cutting with knives. The fact is that each attack was different from former attacks; and while the disease and the altered tissue were precisely the same, a different remedy became indicated by these changed symptoms, not necessarily belonging to the disease, and each time a different remedy did relieve the pain promptly, till the attacks no longer occurred, and the usual health of the person so sorely afflicted returned; and all this was done under the guidance of the infallible principles taught and promulgated by the inspired teacher of homœopathy, Samuel Hahnemann.

Not only not rejecting or neglecting to acquire all the new discoveries in the collateral branches of medical science, it behooves us, as the true disciples of Hahnemann, not only to accept them but to assist in developing them; to find ways and

means to shape them into such forms as will make them useful to our purposes, as will enable us to make them *subservient* to the fundamental principles of our school without perverting these principles and thereby losing the benefit of both the advances in the collateral sciences and our own principles. And if we admit the advantages we gain in a knowledge of drug action by comparative materia medica, we will also have to admit that in order to truly apply this advanced knowledge therapeutically, we will find it very advantageous for the better understanding of diseases to institute more and more of a developing research in comparative pathology, that we may better distinguish first the characteristic symptoms of drugs and the characteristic symptoms of diseases, and by that knowledge also the characteristic symptoms of each individual case, to which characteristic symptoms we can the better and more *scientifically* apply the law of the similars.

HAVE WE A TONIC AMONG US?

BY T. C. HUNTER, M.D.

J. T. Greenleaf, M. D., in the November number of the Monthly, takes up the statement so often made that we have no tonics in our materia medica, and pronounces it false. Let us look at the subject a little. We will accept Dunglison's definitions of *tonic* as the correct one, viz.:

"In therapeutics a tonic is a medicine which has the power of exciting, slowly and by insensible degrees the organic action of the different systems of the animal economy, and of augmenting their strength in a *durable* manner."

A locomotive is a machine, as is a man, but then the man is a self-repairing machine, while the locomotive is not. Every movement the latter makes wears it out *pro tanto*.

This is equally true of the man; but he uses a part of his fuel in repairing damages, while the locomotive has no such power.

Let us take alcohol (a prince among tonics) as a representative. It is claimed by many scientists that alcohol is a food, and that as a food it acts as a force producer. Supposing it does produce force, how does it do it? Does it not do so by virtue of the power it has of irritating and thus energizing the tissues and causing them to discharge the energy or force already stored up? And may not this stimulation be carried

so far that the irritability of the tissues will be exhausted and nature have no power to react? It is clear that there are no elements of repair to animal tissue in brandy, quinine, or any of the forms of bitters so largely used for that purpose.

Alcohol produces force in man in the same manner it does when burnt in the furnace of a locomotive, and the result is the same. It wears out the machine, but furnishes no elements of repair, and therefore does not comply with the above definition, inasmuch as it does not "augment strength in a *durable* manner."

You can run a locomotive with alcohol until it wears out; and you could run a man until he wears out, and the latter would be a short process.

The cases cited by Dr. G. show very clearly the power remedies have of removing diseased conditions, but certainly do not prove that they have in themselves the power of augmenting strength; they rather show that when diseased conditions are removed mother nature steps in, and with her food, eaten, digested and assimilated properly, restores the strength, which she was ready to do all the time but was prevented by the derangement of the machinery.

Suppose two persons in good health, subject to the same conditions in life, eating at the same table: one of them in time becomes anæmic and is considered a fit subject for tonic treatment, while the other is robust and healthy. Iron is the tonic selected, because there is a deficiency of that element in his blood. Iron is given, and the patient feels stronger while under its influence, but no longer.

Le Conte says "there are four planes of material existence, "the relations of which to each other may be expressed by "writing them one above another, thus:

"4. Animal kingdom.

"3. Vegetable kingdom.

"2. Mineral kingdom.

"1. Elements.

"Now it is a remarkable fact that there is a special force "whose function it is to raise matter from each plane to the "plane above, and to execute movements on the latter. Thus "it is the function of chemical affinity *alone* to raise matter "from No. 1 to No. 2, as well as to execute all movements "back and forth by action and reaction; in a word to produce all the phenomena on No. 2 which together constitute "the science of chemistry.

"It is the prerogative of vegetable life-force *alone* to lift matter from No. 2 to No. 3, as well as to execute all the movements on that plane which together constitute the science of vegetable physiology.

"It is the prerogative of animal life-force *alone* to lift matter from No. 3 to No. 4 and to preside over the movements on this plane, which together constitute the science of animal physiology.

"But there is no force in nature capable of raising matter at once from No. 1 to No. 3, or from No. 2 to No. 4, without stopping and receiving an accession of force of a different kind, on the intermediate plane.

"Plants cannot feed upon elements, but only on mineral compounds.

"Animals cannot feed on minerals, but only on vegetables." (Or, we may add, on other animals which are composed of matter already raised to the fourth plane).

To give this patient iron in its crude form, is an attempt to raise matter direct from plane No. 1 to plane No. 4; and to give it to him in a chemical form, is an attempt to raise it from plane No. 2 to plane No. 4; which, if Le Conte is right, cannot be done. But why does one of these persons become deficient in iron and the other not? Is it not because the *iron works* of one are out of order?

The power of assimilating iron from the vegetable and animal food presented to them is impaired in one, and hence he becomes anæmic. He needs the homœopathic specific to his case, which will promptly restore the power of assimilating iron from his food, and the man soon becomes strong again.

The effect is not the *direct* result of the remedy given. And there would be no good result following, if the life-force did not exert itself to raise matter from the vegetable kingdom, or to assimilate that which had been already raised by another animal.

Is there then anything that will answer the definition of tonic but food, good healthy food, with a vigorous life-force to preside over the ingestion, digestion and assimilation of that food, and thus "augment" strength in a durable manner?

We are too proud to let our banners trail in the dust, when assailed by our enemies; too ready to hang to the skirts of old allopathy because our patrons, who know but little about the great superiority of our treatment when strictly and intelligently carried out, are pleased with the heroic means we use,

and which they have seen used so often before. The result may be that the practitioner puts more shekels in his pocket by yielding to the prejudices of his patrons, but neither the patron nor the doctor are instructed in homœopathy.

How are we ever to establish our beloved system on an enduring basis but by resolutely carrying out its principles? Even though by so doing for a time we may fail to put money in our purse, we will thereby sow good seed which, in time, will produce one hundred fold.

It is a fact that a large number of those who call themselves homœopathic physicians are practising nothing but a modified allopathy. I grant they have better success in the main than the old regulars, but it does not reach the grand results which homœopathy when strictly applied always does. I have known men practice what they called homœopathy for years without having in their possession a single volume of homœopathic *Materia Medica*. This is a wicked fraud on the profession, and also on the people among whom they practice.

The practice of true homœopathy does not offer beds of roses on which lazy people may recline at their ease, but requires its votaries to be earnest, honest and industrious. Its general principles are few and easily mastered, while its details are as infinite as nature herself, and will never yield their treasures to the idler.

VIBURNUM OPULUS IN MEMBRANOUS DYSMENORRHŒA.

BY T. C. HUNTER, M.D.

LAST winter and spring I had a case of dysmenorrhœa which gave me a great deal of trouble. The patient was an unmarried lady, æt. 27, who had been troubled with painful menstruation and menorrhagia for six years. Life was a burden to her almost too grievous to be borne. Her general health and spirits improved rapidly under the treatment pursued, but the main trouble remained. I was not allowed an examination, but suspected membranous dysmenorrhœa from the fact that she said that she always discharged a large clot at each period, after which the pain diminished. I asked her to wash out one of the clots, and bring me the contents, if there were any.

She did so, and after the next period brought me a perfect *membrana decidua*, which I have preserved in alcohol.

About this time I saw a paragraph from the pen of Prof. E. M. Hale, recommending the trial of *Viburnum opulus* in neuralgic dysmenorrhœa. I gave it to her as an experiment, in the first decimal dilution, to be used in water when the pain made its appearance. She took it according to directions and menstruated the next time without pain; the first time for six years.

She wrote me three months after that she was still doing well, since which time I have not heard from her, and am therefore unable to say whether the cure has been permanent or not. If the remedy will give even a short relief, it is worthy of a thorough proving and further trial.

PLEUROPNEUMONIA AND ANTIMONIUM TARTARICUM.

BY DR. ORTH, OF ESSEN.

(Translated, with remarks, by S. Lilienthal, M.D.)

Case I. A woman, æt. 30, gave birth to a child eleven days ago, and in spite of repeated warnings, was up and about. She is of a scrofulous constitution, with a red, bloated face, perspires easily, and has already suffered several times from hyperæmia of the lungs and hæmoptœ. In the evening of June 18th, I was hurriedly called to the patient, as she was threatened with suffocation. She had a severe chill the day before, with general malaise, soon followed by stitching pains in the right lung, extending from the spine forward, steadily increasing, the dyspnœa also increasing with the pains. I found the face of the patient livid, the pulse greatly accelerated, 120, respiration quickened and superficial; the pains in the right side so severe that she was afraid to move; in fact she was unable to move the right arm without increasing the severity of the pains. Off and on she expectorated, with the cough, some clear, tough mucus. Percussion revealed extensive and absolute dullness over the lower part of the right lung, more severe on the back, and gradually decreasing as it reached the anterior side of the lobe. Auscultation gave weak bronchial breathing. Aconite³ and Bryonia³ in alternation. Next morning the same state, and the remedies were therefore continued. Toward evening I was called again, as the cough became worse and the expectoration more bloody. The fever was still as high as ever, the dyspnœa the same, the pains, if anything, worse and unbearable. I now changed to Tartarus

emeticus³, 20 centigrammes to 75 grammes water, a teaspoonful every two hours. At my morning visit I found my patient smiling, assuring me that amelioration immediately set in after the second teaspoonful; she had slept several hours during the night, breathed naturally, and could turn herself in any way she pleased; pulse 70. *The dullness was still the same*, but passed off with the other symptoms of the disease in the course of a week, during which she kept on with the same medicine at longer intervals. July 5th she left the city for the country, with a full breast of milk, as she had not ceased to nurse her babe during her illness.

Case II. A man, æt. 60, given to strong drink, took some ice water when overheated. The same day he had a severe chill, followed by high fever and pains in his left side, and felt so weak that he took to his bed. He was already sick six days when my services were required. I found him with a high fever, pulse 112, red face, tongue heavily coated, loss of appetite, constipation. He had been delirious during the night; respiration hasty, superficial; severe stitching pains in left side, dry cough, mucous rales, but he could not bring up the mucus. Percussion gave extensive dullness over the left lower lobe, auscultation, weak bronchial breathing, the other parts of the lung suffering from bronchial catarrh. Aconite and Bryonia, third, in alternation. Not only no amelioration on the next day, but now consonant rattling murmurs could be heard. We changed to Tart. emet. in the same manner as in the last case. In twenty-four hours the whole scene was changed. I found the man in the morning reading his newspaper. All fever had ceased, pulse 78, head clear, tongue still coated, no appetite, bowels had moved; respiration not any more accelerated, the pains greatly diminished; he expectorated tough yellowish-green mucus; *the dullness over the whole left lower lobe was unchanged*. A few days afterwards he took Hepar sulph. for the bronchial catarrh, and a week after he was able to attend to his out-door business.

Case III. A young woman, æt. 18, became overheated on July 3d, and exposed herself to a draught. The same day she had a chill, stitching pains in the right side, dry and laborious cough, dyspnœa, etc., all of which increased during the following days. Called in July 6th, I found her with red face, high fever, pulse 120, copious perspiration, great dyspnœa, complaining of the severe cough, expectorating only rarely

after great exertion some tough mucus, severe pains in the right chest, where percussion revealed absolute dullness over the lower and middle lobe. I immediately prescribed Tart. emet. in the same manner. Amelioration set in immediately, with rust-colored sputa. I found patient still in bed, but without fever, pulse 70, without dyspnœa or pain, tongue still coated and appetite still absent. *The affected lobes showed the dullness still unchanged.* Tart. emet. was repeated, as constipation still existed and appetite had not returned. A few doses of Bryonia removed these last remnants of the disease. (*A. H. Z.*, Nov. 16th, 1874.)

Kafka, in his classical work "*Homöopathische Therapie*," I., p. 200, makes the characteristic remark, that each kind of pneumonia needs a different selection in the choice of the remedy and that the simile cuts the disease short; and that, although the objective symptoms of the disease may still remain in statu quo, the disease retrogrades, as it were, with easy and loose expectoration. In speaking of Antimonium tart., he acknowledges this drug as the sovereign remedy in rheumatic pneumonia (pleuro-pneumonia), whereas it only aids the cyclical course in croupous and catarrhal pneumonia, but is unable to stop their progress.

It is astonishing that physicians will lose valuable time in giving Aconite when the disease has already localized itself; and Kafka agrees with us by saying that he had never witnessed any benefit from this otherwise valuable remedy when given too late. At the very start, especially when the *congestion* to the pleura or lungs was caused by sudden retrocession of perspiration or by exposure to sharp winds, Aconite will remove the burning fever, the difficult breathing, etc., etc., and produce entire amelioration, with a warm and easy perspiration. Where Aconite fails to give decided relief during the first hours of its application, it would be waste of time to continue it. Aconite prevents inflammation, but does not cure it after it takes place.

Why did *Bryonia* fail in Dr. Orth's cases: a remedy usually prescribed in such affections? I believe that *Bryonia* is more suitable to the later stages of the disease, *after Tart. emet.* In the autopsies of animals poisoned by *Bryonia*, the pleura were injected and full of serum, the lungs were always found of deeper color and diminished crepitation, while in two the lower lobes were hepaticized (Hughes, *Phar-*

macodynamics, p. 161). Trinks also says: "From no small number of cases which I have carefully marked down, the fact comes out, that Bryonia is the sovereign remedy in all inflammations of the serous membranes *which have advanced to the stage of serous effusion*. Given at this stage it not only removes the still existing local inflammation, but also with the least possible delay effects the absorption of the serous effusion which has already taken place."

Noack and Trinks recommend Tart. emet. for rheumatic pleuritis, particularly when complicated with bronchitis, with difficult expectoration, and dry, tormenting cough; also for bilious rheumatic pleuropneumonia. In its pathogenesis we find: Short, difficult breathing; want of air; short and labored respiration; hæmoptysis or frequent cough, expectorating frothy, sanguineous sputa; pressure and contraction of the lungs. Magendie poisoned slowly some perfectly healthy dogs with it, where it produced engorgement and hepatization; in fact it produces the pathological lesions *characteristic of the two first degrees of pneumonia*. In its febrile symptoms we find general malaise, yawning and stretching; chilliness with tremors; great heat and thirst; restlessness, violent febrile motions, great heat, thirst, with profuse sweat in the night following; *excessive heat of the body, aggravated by the least motion*, particularly in the head and face; frequent sweats, particularly in the affected parts; *full, quick*, but *soft* pulse. Headland (*On the Action of Medicine*, p. 361) considers Antimony able to impoverish and deteriorate the blood, and used as a remedy it tends to increase all secretions, but particularly the exhalations from the skin and lungs, independently of the production of nausea, a symptom which is not brought on by a small dose. According to Ackermann it decreases the blood pressure in the arterial system, produces loss of temperature, and in stronger doses, given by injection, destroys the irritability of the cardiac muscle.

Ringer (*Handbook of Therapeutics*, p. 225) remarks, that in many cases of pneumonia, under the influence of Antimony the pain in the side gives way, the expectoration from rusty changes to bronchitic, the pulse and breathing become reduced in frequency, and *the further spread of the inflammation is checked*. It is necessary to give the Tart. emet. at the very beginning, otherwise its power over pneumonia is much less marked.

Let me ask: Does it interfere with the study of our Ma-

teria Medica when we try to read the sense of the symptoms, as they are given to us in our standard works? Is there any wrong-doing when we try to understand to the best of our ability the pathological state in which we find our patient, and try to cover the symptoms (the expressive hints of these pathological states) by a remedy which not only covers the symptoms in all their minuteness, but of which we also know by our provings, by experiments, and even by autopsies, that it produces a similar pathological state? Is it wrong to study homœotherapeutics in connection with kindred branches of medical art and science, and thus try to prove to all who are open to conviction, not only the truth of the law of similars, but also the necessity of the principles emanating from the law? Is homœopathy as it came from the head and hand of its illustrious founder so perfect that it must be considered sacrilege when we try to explain its beautiful actions; or must we live entirely by faith or be excommunicated when we try the touchstone of reason? I, for one, am not afraid. The more homœopathy is tried by the severe test of reasoning, the more glorious will be its victories, the more numerous will be its adherents. "If this be treason, make the most of it."

S. L.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

A MEETING of the society was held December 10th, President Dudley in the chair. The minutes of the preceding meeting were read and approved. After the transaction of some business, the scribe, Dr. B. W. James, presented his monthly report, as follows:

NOTABILIA.

BUSHROD W. JAMES, M.D., SCRIBE.

DISEASE TENDENCY AND WEATHER PROVING; SUMMARY FOR NOVEMBER, 1874. The diphtheria made its appearance in this city about the middle of the month, assuming somewhat the malignant type or more violent form in some cases, while an unusual number of cases of sore throats and of cough were at that time, and still are, occurring through the city. Diphtheria has also prevailed in New York city for some weeks past. Small-pox, which has for some time existed in Montreal, Quebec, Bathurst, N. B., is breaking out in New York city. Our city is free from it. Scarlet fever continues

at Germantown, but has not prevailed to any extent yet in the city proper. Scarlet fever is quite prevalent in Ireland, England and Scotland.

The early part of the month was quite healthy. The second week catarrhal affections increased, and also the disposition to typhoid and pulmonary troubles.

The 10th was a damp, warm day, and croup and hoarse coughs were abundant. On the 11th it was cooler, and gusts of wind prevailed and neuralgia cases occurred, and patients with other maladies suffered with neuralgic pains. Towards the latter part of the month sudden deaths were more frequent.

It is a noticeable observation that here, when from a cool, clear north-west wind we have a change of atmospheric current to a south-west warmer current of air, there is a greater tendency to sudden deaths—paralysis, numb feelings and typhoid type of symptoms.

The weather for the month has been generally clear and fair, with but a trifle over two inches of rainfall; although a number of foggy nights and mornings occurred, with only one snowfall, and that very slight.

The scribe would like all the members of the society, as well as all readers of the Hahnemannian to report to him, from their observations in practice, any unusual disease tendency, at the time of its occurrence or at the end of the month, and thus help to make these observations extend over other sections of the country. Any points of practical experience will be acceptable and duly credited. Original methods of managing any unusual surgical, medical or obstetrical cases should be treasured up at the moment and reported in writing to the scribe, for our society. The scribe will give publicity to them for the benefit of the profession.

BRONCHOCELE has been cured with Phosphor. $\frac{1}{60}$ to $\frac{1}{30}$ of a grain at a dose, with a steady diminution of the tumor, by an old school physician, Dr. S. M. Bradley, of Manchester.

ICE IN RETENTION OF URINE. M. Cazenave plugs the rectum with ice to relieve retention of urine. It first comes by drops and then a full flow succeeds.

EPISTAXIS. Dr. J. C. Guernsey calls my attention to Dr. Gleason's mode of stopping nosebleed by the motion of the jaws vigorously as in mastication. The motion stops the flow of blood. Children can have a piece of India rubber or paper wad to chew upon and be told to chew hard upon it.

LACERATED PERINEUM. It is claimed that married ballet-

girls in bearing children never have laceration of the perineum.—J. C. Guernsey, M.D.

CANCER CURE. They say in California that water which percolates through gneiss rock is an infallible cure for cancer. (Daily Newspaper.)

DIET FOR INFANTS. Dr. Jacobi's work on "Infant Diet" has the following rules:

First. *About Nursing Babies.* Overfeeding does more harm than anything else. Nurse a baby of a month or two every two or three hours.

Nurse a baby of six months or over five times in twenty-four hours, and no more.

When a baby gets thirsty in the meantime, give it a drink of water or barley-water. No sugar. In hot weather—but in the hottest days only—mix a few drops of whiskey with either water or food, the whiskey not to exceed a teaspoonful in twenty-four hours.

Second. *About Feeding Babies.* Boil a teaspoonful of powdered barley (grind it in a coffee-grinder) and a gill of water, with a little salt, for fifteen minutes, strain it and mix it with half as much boiled milk and a lump of white sugar. Give it luke-warm through a nursing bottle.

Keep bottle and mouth piece in a bowl of water when not in use.

Babies of five or six months, half barley-water and half boiled milk, with salt and white sugar. Other babies more milk in proportion.

When babies are very costive, use oatmeal instead of barley, cook and strain.

When your breast-milk is half enough, change off between breast-milk and food.

In hot summer weather try the food with a small strip of blue litmus paper. If the blue paper turns red, either make a fresh mess or add a small pinch of baking soda to the food.

Infants of six months may have beef-tea or beef-soup once a day, by itself or mixed with other food.

Babies of ten months may have a crust of bread, and a piece of rare beef to suck.

Third. *About Summer Complaint.* It comes from over-feeding, and hot and foul air; never from teething. Keep doors and windows open. Wash your children with cold water at least twice a day, and oftener in the very hot season.

When babies vomit and purge, give nothing to eat or drink

for four or six hours, but all the fresh air you can. After that time you give a few drops of whiskey in a teaspoonful of ice water, every ten minutes, but not more, until the doctor comes.

When there is vomiting and purging give no milk.

Give no laudanum, no paregoric, no soothing syrups, no teas.

EGGS. "M. Onimus, in a recent communication to the Société de Biologie, of Paris, states that by electrifying the eggs of the frog, the development of those which are in connection with the negative pole will be accelerated, whilst the hatching of those in connection with the positive pole will be either retarded or stopped."

A correspondent of the "*Druggist*" says: "After thirty years' experience with hens, it has been and is now my practice to select eggs for setting. A number of experiments have proved to me that sexes in eggs may be determined by the three following rules, which I always observe: First. If an egg is full or has no cavity in the large end, I never use it for setting, as it will not hatch. Second. If I want to raise chickens for marked, I select all the eggs that have the cavity on or near the end; these are what we call roosters. Third. If I want hens for breeding, I take the eggs where the cavity is on one side or clear from the end, and I seldom fail to get the kind of chicken I want; but I admit there are some that have the cavity so placed that it is difficult to decide of which sex they are."

PHOSPHORIC ACID SECRETIONS IN CEREBRAL DISEASES. "The quantity of phosphoric acid excreted by the kidneys under the influence of brain disease, and compared proportionally to the other solid principles of urine, varies considerably, from 2.49 to 3.93 per cent.

The substance is excreted in greater quantity at night than during the day.

In the chronic maladies of the encephalon there is a decrease in the absolute quantity of phosphoric acid excreted every day, as well as of the relative quantity in connection with the other solid principles of urine. In cases of maniacal excitement there is an increase in the absolute and relative quantity of the substance.

Increase in the quantity is also observed during attacks of epilepsy and apoplexy, and after the administration of chloral and bromide of potassium. The decrease of the substance in

chronic cases of brain disease must be attributed generally to diminution of muscular activity, dependent on the protracted course of the disease. In other cases it may be ascribed to the general weakness and exhaustion of the nervous system, the result of imperfect assimilation."

DESERTS AS HEALTH RESORTS. "At a recent meeting of the Munich Academy of Science, Prof. Zittel read a paper detailing the results of observations made by him, with regard to the air of the Lybian desert, during the months of January, February, March and April, 1874, tending to prove that this desert contains a very much larger amount of ozone than that of the oases, or the Nile valley. The belief that the desert air is beneficial to invalids, especially those suffering from pulmonary complaints, is of ancient origin, and in accordance with this idea, the Khan has recently decided to repair to Helnau, in the so-called Eastern or Arabian desert of Egypt." (*Boston Med. and Surg. Journal*, Nov. 12th, 1874.)

SEWAGE GRASS AND SEWAGE MILK. The Medical Times and Gazette, Oct. 31st, 1874, contains an account of some observations made by Mr. Hutchinson Smee on the above subject. It will be recollected that at the time of the outbreak of typhoid fever in Marylebone, during the course of last year, the hypothesis was advanced that inasmuch as the milk of the suspected dairy was in part produced from a sewage farm, we must seek from this fact the real cause of the outbreak.

Experience did not support this view, but it was a matter of much importance to know how far and in what respect sewage grass differs from ordinary meadow grass as food for milk-giving cows.

Mr. Smee made an infusion from the tops of grass grown on the sewage farm, and also from a similar weight of grass from a neighboring meadow. The two samples of grass yielded

	Sewage farm grass, per gallon.	Meadow grass, per gallon.
Nitrogen, as ammoniacal salts,.....	8.4	2.8
" " " organic matter,....	1.4	.7
" " albuminoid ammonia,.....	12.6	5.6
	<hr/> 22.4	<hr/> 9.1

From this analysis it appears that sewage grass contains a large quantity of unassimilated nitrogenized matter, and it is not improbable that part at least of the albuminoid ammonia is sewage pure and simple, locked up in the cells and juices of the plants.

The difference between the two sets of figures is truly astonishing, but perhaps the most astonishing is the difference between the albuminoid ammonia—that is to say, the albuminous substances probably partially converted into part and parcel of the plant.

Cows of a similar breed and milking qualities were set aside for the purpose of these inquiries, but it was found impossible to obtain a very satisfactory standard.

Mr. Smee states that “cows which he had fed, exclusively on sewage grass, have lost flesh and have done badly, even when they have been fed on a mixed diet, substituting only sewage for meadow grass.” The following is the analysis of two short-horn cows which before the experiments were equal in quantity and quality of milk :

	Water.	Solids.	Casein.	Fat.
Sewage fed,.....	86.3	13.7	2.5	2.5
Ordinary fed,.....	86.2	13.8	3.2	3.0

The cream from these cows was set aside, and the time required for churning butter was :

Sewage, 2½ hours.....	1½ hours.	Butter soft,.....	2½ hours.
Ordinary, 35 min.....	1½ “	“ firm,.....	¾ hour.

Pats of butter were set aside and kept until they went bad. It was invariably found that the sewage butter became rancid many days before butter made from meadow grass did so. More curiously still, however, it was found that “sewage milk, when placed in one of Graham’s dialyses on several occasions, but not invariably, behaved in a remarkable manner.” The casein appeared to separate from the milk, and streamed through the membrane and fell to the bottom of the vessel containing water. The casein evidently existed in the milk in some allotropic condition. The phenomenon was never noticed in other milks.

The results are certainly very interesting and very curious, but, as Mr. Smee himself says, it is by such investigations, long and carefully conducted, that in the end the truth must be sought.

SCARLATINAL WAVES. The British Medical Journal of Oct. 17th, 1874, in an editorial on this subject, states that the scarlatinal wave for a year is nearly always at its lowest point in spring, and at its highest late in autumn, usually in the months of April and November. This may be called the annual wave, and varies but little in its course, whether the disease be epidemic or not.

An examination of deaths in the metropolis (London), recorded during thirty-two years, shows that the *lowest* point in each year was reached, on fifteen occasions, between the tenth and fifteenth weeks, and in nine others between the fifteenth and twentieth weeks; that the highest point in each year was reached, on sixteen occasions, between the fortieth and forty-fifth weeks, and on thirteen between the forty-fifth and fiftieth weeks.

The total mortality in the thirty-two years, during the five weeks which are included between the beginning of the eleventh and the end of the fifteenth week, amounted to 5,204 deaths; whilst during five weeks of the forty-fourth week in the same year, the deaths amounted to no less than 12,172.

Another wave, which may be called the periodic, may be represented by a line connecting together the mortality from the disease in each year, and indicates the years in which it is epidemic or non-epidemic. An examination of the mortality in each of the thirty-four years ending Dec. 31st, 1873, shows that the disease was epidemic in 1840, 1844, 1848, 1852, 1854, 1858-'59, 1862-'64 and 1868-'70; whilst the smallest mortality occurred in 1841, 1846, 1851, 1857, 1861, 1867 and 1873. It is therefore evident that the curve of the descending is much more gradual than that of the ascending wave, as the epidemic takes a longer time to subside than to rise again. The almost uniform recurrence of the disease as an epidemic after three years of comparatively small mortality, is very noticeable in the figures just quoted.

What are the causes of this periodical increase in the height of the scarlatinal wave? Does it arise from seasonal influence, or other causes at present unknown? To this we can only reply, at present, that the careful comparisons made by Dr. Trippe in 1848, and by Dr. Richardson some years afterwards, show that a temperature below 44.6° Fahr., corresponds with the spread of scarlet fever, whilst a temperature above that point is coincident with an increase in the mortality; also that the greatest mortality in the year occurs when the temperature ranges between 49.6° and 56.90° , but that the movement in the mortality does not occur in the same ratio with the increase in the temperature.

This latter conclusion might have been expected from the comparative regularity with which the disease assumes an epidemic form every four years, whilst there are not, so far as we know, any corresponding sequence in any of the atmospheric

phenomena. There is one important consideration respecting scarlatina, as well as small-pox and other eruptive diseases which occur ordinarily only once in a person's life, which must not be forgotten, viz., that in the interval between one epidemic and another, a number of children are born who are susceptible to the disease from not having had it; and that the epidemic may chiefly take its origin by the disease occurring in localities where there are many children unprotected, and thus spread rapidly to persons in the immediate vicinity. This can hardly explain its periodicity, although it accounts for the greater number of cases when the outbreak occurs.

POTAIN'S ASPIRATOR. I desire to exhibit this aspirator to the members of the society who are not surgeons, and who are not familiar with this recently introduced instrument.

This one I have used and it operates satisfactorily. This French instrument of Potain is the best pattern out, but works differently from those of Dieulafoy first in use. In the latter the pus or evacuated fluid is drawn into the cylinder of the syringe. I will show you from this glass of liquid how it works; you see how rapidly the receiver fills even the smallest canal. In this one there is a special receiver, into which the morbid fluids run, and the syringe is kept free from any clogging.

By means of a syringe and a tube connecting with a bottle the air is exhausted therefrom, the stop-cock to the tube that extends to the trocar and canula being closed. As soon as the air is exhausted from the receiver the other stop-cock for the tube leading to the syringe is closed, and if necessary the tube and syringe can be removed. The apparatus is ready for use as soon as the trocar is placed in the canula, and the canula attached to the sub-piece which is to be fastened to the tube leading to the vacuum bottle. There are three sizes of canula and trocar, and plunges for clearing the trocar when obstructed. There is also an exploring needle.

In using it, after all the attachments are made, first exhaust the air from the receiving bottle, and then after turning the stop-cock to the syringe, plunge in your trocar and canula to the part to be operated upon. Then withdraw the trocar as far as the line marked on it which indicates that its point is past the canula stop-cock; then turn this stop-cock across, then turn the stop-cock at the receiver, that is next to the canula straight, and the vacuum in the bottle draws the fluid from the morbid part through the canula and tube (which also

has a small piece of glass tubing in its course near the canula, for observing the fluid) into the bottle.

If the bottle fills turn the canula stop-cock, empty the bottle, and re-exhaust and proceed as before by closing this cock and opening the other.

DR. JACOB JEANES then read a very interesting paper, entitled "*The Vital Principle.*" [See page 241.]

The reading of Dr. Jeanes' paper was followed by a brief discussion; after which the society adjourned.

THE USE OF THE ASPIRATOR IN HEPATIC ABSCESS.

BY H. HOFMANN, M.D., PITTSBURGH.

(Read before the Pennsylvania Homœopathic Medical Society.)

MR. H., æt. 59, by occupation a shoemaker, complained for several weeks of a dull, heavy feeling in the epigastric region. On August 18th I was called to see him; found him with violent cutting pains in the epigastric region, relieved by sitting doubled up in a chair. Diarrhœa had set in the day previous; stools greenish-yellow, mucous. Tongue thickly coated, and greenish-yellow and slimy, with red streak in the centre. Dyspnœa. Prescribed *Colocynthis*³, every hour.

August 19th. No better; gave *Baptisia*³, every two hours. Next day no improvement. For the first time he permitted himself to be examined. Found between the epigastrium and ensiform appendix a hard tumor about two inches in diameter. Diagnosis: Hepatic abscess. At this stage I had no hope of arresting the formation of pus. I therefore applied a fly blister, three inches by six, over the tumor, in order to produce adhesions. This was allowed to remain on for forty-eight hours, and was followed by warm fomentations. Prescribed *Mercurius vivus*¹², every two hours.

August 21st. Pains not so severe, diarrhœa better, but the tumor larger and softer.

August 23d. Can sleep better, tongue not so thickly coated. Continued same remedy, and warm applications.

August 24th. Patient about the same, no apparent change in the abscess.

From day to day the change was hardly perceptible, except that his tongue got cleaner and his appetite better.

September 5th. Tumor from four and one-half to five inches in diameter, soft and fluctuating. Complains of great

tension and throbbing and burning in the abscess. I now decided to use artificial means for the removal of the pus. The next day, assisted by Drs. Burgher and Seip, the pus was successfully, and almost without pain, removed by Dieulafoy's aspirator. The pus was bloody and greenish-looking, rather thin, and very fetid. The relief was almost immediate, and the patient made a rapid recovery. From August 20th to the day that the pus was removed, the patient got nothing in the way of medicines but *Mercurius vivus*¹², every two to three hours, except one day I prescribed *Hepar s. c.*¹²; but next day my patient had much more pain, so I returned to the use of *Mercurius vivus*. The warm poultices were continued for a long time after the operation. The patient is now working at his trade and feels perfectly well.

AN UNUSUAL CASE OF PLACENTA PRÆVIA.

BY R. J. M'CLATCHEY, M.D.

(*Read before the Pennsylvania Homœopathic Medical Society.*)

ON December 10th, 1873, I was called in haste to attend a lady by whom I had been engaged as accoucheur some time before. Hastening to her residence, I found her seated in a rocking chair, the carpet around the chair giving evidence of a thorough wetting. I was informed that "the waters had broken," and labor was supposed to be imminent. On making an examination with the right hand, the patient being on her left side, I was unable to reach the os with the index finger. By introducing the left hand entirely, as far as the junction with the wrist, I was barely enabled to touch the os, which would scarcely admit the top of the finger. I advised the woman to keep quiet, and left her, with the understanding that I should be sent for if wanted before morning. In the morning I visited my patient again, and found that she had been discharging the amniotic fluid freely. This continued for three days longer, the fluid flowing freely; but the os remained undilated and there were no evidences of the oncoming of labor. During my visit on the sixth day, and as I was about to leave the room—having been informed by the patient that nothing had occurred save the usual draining of amniotic fluid—she remarked that she had passed a large clot, which she had saved in order to show to me. This, of course, at once attracted attention and demanded serious investigation. The

clot was examined and found to be quite large and very tough. Without exciting her or giving rise to any feeling of alarm, I had her take a proper position on the bed and made a careful examination. I found the os dilated to about the size of a silver quarter of a dollar, and on introducing the hand still farther into the vagina I was enabled to make out the position of the child's head, and by simply passing the finger around within the os to make the disagreeable discovery of placental implantation overlapping the verge of the os. Removing a clot of blood, there followed a gush of thick, liquid blood. I then directed the woman to keep to her bed and be still, and procuring a large silk pocket handkerchief, plugged the vagina. I told her she might possibly have a flow of blood, at which she need not be alarmed, and directed her to send for me in such an event. I then took leave and went to see some of my cases. On getting to my office about two hours after this, I found an urgent message, and hastened to the patient's house. I found a neighboring physician present, who had been called on in the fright occasioned by a free gush of blood. He had plugged the vagina with another tampon, without removing the one I had introduced. There were no pains, and the woman was calm and comfortable. I removed both tampons, took away the clotted blood, which was followed by a gush of liquid blood, and stripped the placenta from the uterine wall as far up as I could reach with my finger. The operation was accompanied with a profuse discharge of blood. I then carefully tamponed the vagina again. During all this time there had not been the slightest uterine pain, nor was the os dilated the fraction of an inch more than as before stated. As the evening wore on I thought it best to have some advice and perhaps assistance, inasmuch as I had a somewhat novel case, in the placenta prævia, the drainage of liquor amnii for nearly a week, the absence of pains, the slow progress, or rather no progress of dilatation, and the moulding of the uterus to the outline of the fœtus. According about 11 o'clock I sent for Dr. B. W. James, who came promptly, with his usual kindness and courtesy. He remained with me during the night. We gave *Caulophyllum* (which seldom fails in my hands) and ergot, to excite uterine action, but without avail; for frequent examination revealed that no change took place from hour to hour, and we had not even the excitement of a flow of blood to vary the monotony of the night. In the morning at 7 o'clock we left the patient, to breakfast and attend to other business. At 10.30

I returned to the house, and on removing the tampon and clots, found that no apparent change had taken place. I then procured a silk handkerchief and carried it up with the left hand, introducing quite a roll of it gradually within the uterus, and tamponing the vagina with the balance. Sitting at the bed-side and chatting with my patient, in less than ten minutes I noticed by her countenance that she had pain. This was soon repeated, and in fifteen minutes thereafter the os was completely dilated, and in ten minutes more the child was born. The babe was asphyxiated and almost purple, but artificial respiration, breathing the air from my own lungs, restored it in about twenty minutes. There was no flow of blood from the mother during this time. The vulva was kept in view while working with the baby, as I had no assistance of any kind. On disposing of the child, I found the placenta adherent, detached it by passing the fingers between the placental mass and the uterine wall, and removed it. Neither the birth of the child nor the delivery of the placenta were followed by a flow of either blood or liquor amnii. The mother made a rapid recovery, and seemed to do remarkably well in every respect. The child gave evidence of being at the eighth month at the time of birth. It did not thrive, and never seemed to breathe properly. It died on the 16th of April last, of atelectasis pulmonum. I have had in a practice of nearly twenty years but twelve cases of placenta prævia; six of these occurring in my own practice, and six being cases to which I was called by other practitioners. None of the mothers have been lost, and but two of the children. In two cases, the method of Puzos, advocated by Wielobyecki in the *British Journal of Homœopathy*, and subsequently by Guernsey in his work on obstetrics, viz., that of drawing off the liquor amnii slowly, succeeded admirably, and was not tried in the remaining cases; some of these latter having occurred before any attention had been called to the method, while in others it was not resorted to because it was deemed inadmissible. On a future occasion I hope to be able to present notes of the remaining cases of this complication of childbirth referred to above.

HAHNEMANN ACADEMY OF MEDICINE.

REPORTED BY MARY E. BOND, M.D., SECRETARY.

A REGULAR meeting of the Academy was held in the Library of the Ophthalmic Hospital, New York City, November 25th. In the absence of both the President and the Vice-President, Dr. Alfred K. Hills was called to the chair. The usual order of preliminary business was transacted, after which the relating of clinical cases was in order.

VARIOLA AND VARICELLA. Dr. Swan gave the case of a child who a few years since had an attack of confluent small-pox, and who was now sick with the chicken-pox; he had regarded the two diseases as of the same type, and was surprised at the appearance of the chicken-pox. He spoke of another child, who had been vaccinated and while suffering from the effects of it was attacked with chicken-pox; the progress of the disease produced by the vaccination was stayed when the chicken-pox made its appearance, and after its disappearance the regular course of the vaccination was pursued.

VERTIGO. Dr. Swan also spoke of the case of a lady who was afflicted with vertigo in the back of the head, accompanied with the feeling as if the head was enlarged; while at the table she would lose her consciousness in consequence of it, and thought that those about her could observe it; she had it at night while in bed, as well as during the day. Dr. Piersons suggested *Calcareo carbonica*. Dr. Carroll Dunham said that *Petroleum* had the vertigo in the back of the head, accompanied by the sensation as if falling. *Phosphorus* was also suggested to his mind, as well as *Silicea*.

Dr. Piersons said that he had a patient who was a superintendent of a railroad, who complained greatly of vertigo, especially when lifting his head from a stooping posture, and expressed himself as having it so badly that he could not even turn over in bed without having the whirling sensation. *Conium* was administered, which not only wholly relieved the vertigo, but also caused the final disappearance of severe headaches to which he had been subject.

NOCTURNAL ENURESIS. Dr. Piersons then spoke of a case concerning which he had asked advice of the society. It was that of a young boy troubled with nocturnal enuresis, who voided large quantities of urine having a strong ammoniacal odor. He wrote to Dr. Fincke with reference to it, and he advised *Cina*. It was given with marked relief. He also

spoke of the case of a young girl, nine or ten years of age, who was troubled with nocturnal enuresis, and the odor was strongly ammoniacal. She would saturate the bed three or four times in the night. The quantity passed during the day was not unusual, but the desire for micturition came very suddenly. He had seen the child but once, and had not made any analysis of the urine. He had given *Cina*; the ammoniacal odor had disappeared, and she had not wet the bed but once during the night, whereas formerly she had done so three or four times.

Dr. Hills asked if the case might not be a partial retention, such as sometimes occurs from muscular weakness of the bladder, where all the contained urine is not voided.

Dr. Carroll Dunham said that if it were a case in which the urine was not wholly voided, decomposition would take place, which would be evidenced by the excess of carbonate of ammonia, the alkaline reaction, increase in specific gravity, etc. He would advise the studying of *Benzoic acid* in the case and a chemical analysis of the urine.

Dr. Swan said that *tobacco* had the strong, ammoniacal odor, and he thought if administered would greatly benefit.

DIPHThERIA. With reference to the subject of diphtheria, Dr. Piersons said that he had used but the three remedies, *Lachesis*, *Lycopodium* and *Apis*, in the cases to which he had been called. In the *Apis* cases the chills lasted about twenty-four hours, and there was great prostration. One case was that of a young lady of about twenty-one years of age. The throat presented a patch of membrane on the right side, covering the tonsil; it extended across the palate, but was much worse on the right side. The palate presented the appearance of a bladder filled with water. The attachment of the soft palate with the pharynx was very much congested and inflamed, and the uvula hung from the soft palate like a wart, larger at the lower end, suspended by a pedicle, and looked almost dropsical.

In this case he did not see the urine, but was told that it was passed in large quantities and was quite pale in color. He gave no stimulants. *Apis* was administered in water, and repeated every hour until a decided improvement was manifested. He stated his guide for *Lachesis* to be the location on the left side, extending to the right, and the great discomfort from pressure; also aggravation from hot and amelioration from cold drinks. With *Lycopodium*, the opposite is the

result, the odor is very bad, there is aggravation from cold drinks, and if the patients can avoid drinking cold milk, they do so, while hot mixtures give relief.

Dr. Piersons asked whether diphtheria is contagious? Dr. Dunham said he considered it to be so.

REFLEX IRRITATION—EFFECTS OF NITRATE OF SILVER. Dr. Laura Fleming then asked for advice concerning the case of a lady who has sharp, shooting pains in the vertex, always in the morning as soon as she awakens. They also come from rising after stooping, any time during the day. Neither warmth nor cold affected her at all. Has had uterine trouble but none at present. The pains are sharp, come quickly and go quickly; she is about thirty-three or thirty-four years of age; has some dysmenorrhœa the first day of the menstrual discharge. She also has neuralgia, but it seems distinct from the sharp, shooting pains in the vertex. This pain she has had for about a year. *Nux vomica* had been given, with marked benefit at first, but it afterwards failed to do any good. She attributes the trouble to the use of "neural" for neuralgia, topically applied.

Dr. Dunham said that the difficulty in advising in such cases was that only such a narrow view was presented that it was far from easy. From what was given, he thought it quite probable that the headache was connected directly or indirectly with uterine difficulties. The symptoms given reminded him of nitrate of silver, and if she had received local treatment for her uterine disease, it was not impossible that this very substance in the crude state might have been used, and from that treatment all the symptoms from which she was now suffering might proceed. But before advising the use of this remedy or of any, he should want to take the totality of the symptoms as they presented themselves in the cycle of a month or more, and then administer the drug that seemed the best indicated.

Dr. Swan then asked Dr. Dunham if he had ever noticed the close connection between ovarian disease and the treatment of uterine diseases by local applications, especially of nitrate of silver?

Dr. Dunham said that he had often observed it, and deprecated their use as often implicating the ovaries, the lungs and eyes, by metastasis. He had often found diseases of the eyes to yield to *Argentum nitricum*, after uterine affections had been treated topically by that remedy.

THE PROVING OF SEPIA AND PROVINGS IN GENERAL. Dr. Dunham had no clinical cases to relate, but wished to say a word or two relative to the present proving of Sepia. He had been pretty extensively in correspondence with one or more persons belonging to the various medical societies in and around New York. He had heard from Dr. Mercy Jackson and Dr. Mary Safford Blake, of Boston, and from certain physicians in Philadelphia, that the work was being prosecuted by students and others interested with considerable vigor. He had not heard as yet from Cleveland. He felt that it was desirable that those who were proving the drug, should, as much as possible, do so at the same time, that they might be subject to the same cyclical and climatic changes. With reference to the dose, it is impossible to give any infallible directions. The experience of provers will show that the susceptibility of different individuals to different drugs, and the susceptibility of different individuals to the same drug, is something which at present cannot at all be explained. He then spoke of the results of the provings of the Austrian Society. They showed that a person who was very susceptible to one drug, would not be influenced in the least by many others, and instanced Dr. S—— who did not believe in the efficacy of proving, and who found himself exceedingly sensitive to Bryonia, and in consequence of the satisfactory results obtained, became an earnest laborer in the work. Thuya had no effect upon him. Dr. ———, another member of the society made many attempts to prove remedies, trying one after another, but with no success until he took *Natrum muriaticum*³⁹, of which he has given a fine proving, and since, an admirable one of *Sulphur*. No rule can be laid down by which one can tell to what remedies certain persons will be susceptible. He believed it to be not at all to the purpose for persons to take repeated doses of the tincture of a remedy, as in this way the system was shocked and produced symptoms which subsequent provings would show to be unreliable; he therefore thought it desirable to obtain symptoms from attenuated dilutions of Sepia. It might be argued, and was by some, that the continuous doses would blunt the sensibilities, if not to the effects of the remedy being taken, at least to remedies which might be taken afterwards. This he thought was not so, but said he advised the taking of the remedy in the high potencies first, and then if no effect were obtained to resort to the lower ones.

Dr. Piersons thought that in commencing high, and then if

satisfactory results were not gained, to go lower, would not tend to impair the sensibilities as much as if the potencies were taken vice versa.

Dr. Dunham said there was no reason to question but that certain persons have a constitutional antipathy to certain remedies, the reason of which can not be explained, unless it is because of their having been poisoned by excessive doses of the same drug at some previous time when sick. He said that he had himself had two or three cases in the course of his experience. He spoke of one case of a patient who, when she called upon him in consultation, told him that she had taken while sick two or three doses of Tartar emetic, and since that time she had been so extremely sensitive that she could not take it without unpleasant consequences. Some time after this conversation took place, from some indications Tartar emetic^{200th} potency was given. She had taken but a few doses, when she sent for the doctor and told him that she knew he must have given her Tartar emetic from the sensations she had experienced since taking the remedy. He tried it afterwards at intervals, but she was always able to distinguish when Tartar emetic was given.

Dr. Swan said that he knew if any one were to give him one dose of Gettysburg Water¹⁰⁰⁰⁰⁰ potency, he would in a very short time be unable to open the door, his hands would be so paralyzed.

Dr. Dunham said he considered it very desirable that the persons who were to prove *Sepia* should give a carefully prepared account of their subjective as well as objective symptoms, as they certainly were necessary for a complete proving; that the urine should be microscopically examined, all the tests applied, the specific gravity, reaction, ingredients noted, and the color designated by the urine colored papers which could be obtained from any druggist: he specially advised the use of these papers, as the custom of expressing colors by adjectives is very unsatisfactory.

DIPHThERIA AGAIN. Dr. Hills then referred again to the subject of diphtheria, and told Dr. Dunham that he would like to hear his experience, and also an expression upon Grauvogl's method of treatment.

Dr. Dunham expressed himself as having had but very little experience with diphtheria.

Dr. Hills then gave a brief resumé of Grauvogl's experiments upon the diphtheritic fungus. Nothing seemed to wholly

destroy it but brandy, and this he advised as local treatment, with Arsenicum chiefly as the constitutional remedy.

Dr. Swan said that he objected to gargles and local applications, because they seemed to him unscientific and only palliative; the disease was the result of blood poisoning and should be treated constitutionally to be wholly eradicated.

Dr. Dunham said that in the few cases he had seen the trouble seemed to be constitutional, and he gave them constitutional treatment alone, insisting at the same time upon the best of nourishment. He had given *Lachesis* in cases of extreme prostration and exhaustion, worse after sleep and great dislike to being touched. He referred to the case of a patient who came to him and complained of a feeling of soreness in the throat, together with the above mentioned symptoms, and that of a sensation as if something were rising in the throat. *Lachesis* was prescribed. A short time after he was worse and refused any nourishment whatever. *Lachesis* was continued and beef tea ordered as nourishment, and in the course of two days he could take food. The prostration was very great; he was unable to state whether the repugnance to food was owing to the difficulty in swallowing or to an aversion to the food itself. He had chiefly used *Lachesis*; had once given *Nux vomica* where there was amelioration from a little sleep. He said that it was one of the diseases in which he ordered the patient to be awakened, if sleeping, every two hours, to take nourishment. When asked what nourishment he considered the best, he replied that he considered beef tea by far the best.

Dr. Swan said that he considered mutton better than beef in some diseases where stimulating nourishment was needed.

Dr. Dunham said that in cases of heart disease, where stimulating food was necessary, he vastly preferred mutton to beef.

A CASE OF SKIN DISEASE. Dr. Norton referred to the case which he reported at the October meeting, of the young girl who had an eruption on both the upper and lower extremities; the itching was intense, worse at night, and worse whenever she put her hands in hot or cold water. She had been taking *Rhus radicans* and was almost cured.

Dr. Dunham said that at the time the case was relating he was reminded of *Mezereum*.

SICK HEADACHE. Dr. Wait cited the case of a lady who had been afflicted with sick headaches, which were very severe for the past seven years. She had been troubled with amen-

orrhœa, for which Pulsatilla was given with benefit. Last June she was given one dose of *Lac vaccinum defloratum*; the attacks which had before been very frequent became fewer in number, she having had but three since that time and they were much less severe.

ACUTE SYNOVITIS. Dr. Amelia Wright spoke of the case of a sailor, who, in running to catch the horse car, fell upon the track and injured his knee. Acute synovitis established itself, and the last physician who attended him advised him to go to the Sailor's Hospital. There was considerable pain, which was nearly constant. Fluctuation was well defined. He could not move without great pain. His general health was good. Limb not very sensitive. The aggravation and amelioration suited Silicea. Silicea was given, and in ten days after he took the first dose he walked across the room, and at the end of twenty days he went to his employment, and at the end of three months he was entirely cured.

“**SPINAL IRRITATION.**” Dr. Mary Everett asked for advice concerning a patient who had a constant pain between the shoulders, extending to the occiput and thence to the eyes. She had been sick five years with spinal difficulty. She is worse after sleep, in the morning; and from pressure the parts seem to be better. Pain in the head is worse after stool. She is worse in the spring. She has been taking *Lachesis* with benefit; this remedy has been repeated at intervals for three months and she is very much better, but not entirely relieved of the pain.

Dr. Swan said that he had successfully treated a case very similar to that with *Picric acid*.

Dr. Everett said that she had that day administered *Veratrum vir.* on the authority of Hughes. The patient has a slight lateral curvature in the dorsal region. She was worse in damp weather, and her troubles were greatly aggravated by moving the arms. She had had pain in the epigastric region, which *Carbo vegetabilis* had relieved.

Dr. Dunham said that the remedy which suggested itself to him was *Chelidonium*.

Dr. Piersons advised in such cases that the remedy be given, not at the time when she was suffering with the attack, but after the attack was over, and at the opposite time in the day.

A CASE OF SKIN DISEASE. Dr. Mary Everett cited another case of a patient who had an eruption on the back, which followed the course of the lumbar nerves and extended around

the left side, and followed the direction of their branches. The eruption was erysipelatous in character and presented itself in clusters. Graphites was given with successful result.

LAC CANINUM IN SORE THROAT. Dr. Hills said that the brother of the child who died of diphtheria, and whose case he had given to the society, had called upon him. He had partial suppression of urine, and a sore throat, presenting an oedematous, puffy appearance. Apis was given. The following morning the pulse was 130, temperature 102, the tonsils were badly swollen and there was a great indisposition to take food or drink. Lac Caninum was given and he began to improve immediately, and in forty-eight hours afterwards he was perfectly well.

AILANTHUS IN DIPHThERIA. Dr. Hills spoke of Dr. Jones having successfully treated a case of diphtheria in one of his own children, with Ailanthus. A very marked symptom in the disease calling for this remedy was the extreme prostration, which is greater even than when Baptisia is indicated.

HEPAR AND ARGENTUM NITRICUM FOR THE WINTER'S COLDS. Dr. Hills asked if the members had noticed any particular epidemic remedy this season. He said he had observed that many of the colds and sore throats had demanded Hepar and Argentum nitricum. Dr. Jones had expressed himself as having used Argentum nitricum in affections of this nature.

CONDENSED MILK FOR INFANTS. Dr. Hills then asked Dr. Dunham if he would give the society the benefit of his experience in the use of condensed milk as a substitute for the natural nourishment or for cow's milk.

Dr. Dunham replied that he had personally known of several children who thrived on condensed milk, that would persistently fail on the best of cow's milk. He preferred that which was sold in cans, and prepared it for the child in the proportion of one part of milk to four parts of water. He gave it to quite young children and they prospered finely with it.

Dr. Hills said that it had been his custom to give it in the proportion of one to twenty-six.

Dr. Swan asked if any of the members put sugar of milk in with the preparation of condensed milk and water, and said he considered it an advisable addition.

Dr. Piersons thought it was attended with some ill effects if given to very weak children.

Dr. Hills said that he had a little patient about eighteen months old who had been hydrocephalic, who was thriving finely on the condensed milk in the proportion of one to twenty-six.

Some general conversation then took place, after which, on motion, the meeting adjourned.

PITTSBURGH HOMŒOPATHIC HOSPITAL CASES.

SERVICE OF J. C. BURGHER, M.D.

PALMAR ABSCESS. Mr. M. C., æt. 66, laborer, was admitted to hospital, Nov. 1st, 1873. Three weeks ago bruised the palm of the left hand while rolling a barrel of oil. Hand much swollen, hot and painful, with extensive suppuration of the palmar fascia. Four free incisions were made in the palmar surface for the escape of the pent up pus, a linseed meal poultice applied, and *Silicia*³⁰ ordered to be taken every four hours.

This treatment was continued for seven days; the poultice being renewed night and morning, and applied warm. The discharge of pus was free during first seven days, with great relief of pain and diminution of swelling. The eighth day the discharge was very slight, and the poultice was discontinued. R. *Silicia*²⁰⁰, one dose at night.

Nov. 17th. Hand free from pain. Some induration of the palm and stiffness of the fingers, resulting from the extensive inflammation. Passive motion of fingers ordered. Dec. 4th. Discharged well.

EXOSTOSIS OF TIBIA. Mr. B., æt. 32, was admitted to hospital, Nov. 12th, 1873. Has had syphilis in primary and secondary forms. Has been well mercurialized. Came into hospital with the right leg swollen, red and painful. Tibia enlarged on anterior surface and very sensitive to touch. Locomotion difficult. The severity of the pain at night prevents sleep. R. *Phytolacca*³, in aqua, every three hours.

Phytolacca continued for eight days with but slight improvement, which may have been due more to rest than medicine. Nights still sleepless on account of pain. Nov. 20th. R. *Mezereum*⁶, every two hours, until the pain is mitigated, then at intervals of four hours.

Dec. 8th. Has been much better since taking *Mezereum*, but has taken cold and the pain has returned. R. *Mezereum*³⁰, every four hours.

Mezereum³⁰, was continued up to Dec. 25th, with gradual improvement, when the pain again became very severe. R. Nitric acid.³⁰, every three hours.

Marked improvement set in from the time the Nitric acid. was commenced, until complete recovery. Discharged well, Feb. 13th, 1874.

FRACTURE OF CLAVICLE AND THIGH. I. K., æt. 13, was brought to the hospital, Nov. 18th, 1873. While riding on the top of a load of empty barrels, was squeezed between them and a trestle-work, beneath which the wagon was passing, causing, besides contusions, a transverse fracture of the left clavicle at its middle, and also an oblique fracture of the left femur at its lower third. The fractured femur being carefully adjusted and held in position by an assistant, I applied the Bavarian splint. Strips of adhesive plaster after Sayer's plan were used for the clavicle. R. Arnica⁶, every four hours.

Nov. 21st. Patient very comfortable. R. Symphytum⁶, four hours. Dec. 4th. Removed splint and applied a starch bandage. Discontinued medicine. Dec. 22d. Patient goes about on crutches; needs no further treatment.

DOUBLE FRACTURE OF FEMUR. Mr. J. McA., æt. 27, was employed as porter in an extensive manufacturing establishment. On Dec. 2d, 1873, he ascended in the elevator to the third floor of the building for the purpose of removing some merchandise to a department on the ground floor. Having loaded a hand truck with boxes, he walked backwards towards the elevator, drawing the truck after him. The elevator in the mean time had been lowered to the first floor, unnoticed by him, and man, truck and boxes were precipitated down the open hatchway, a distance of over thirty feet. He was immediately conveyed to the hospital, when examination revealed two distinct fractures of the left femur, a dislocation of the left foot, numerous bruises along the vertebral column and the soft parts of other portions of the body, besides the general concussion necessarily resulting from the fall. Assisted by Drs. Chantler and Buffum, the dislocation was reduced, the fractured femur adjusted and kept in position by weights attached to strips of adhesive plaster applied to the leg, and bags of sand placed along the thigh. R. Arnica³⁰, two hours.

Dec. 3d. Complains very much of his back and of internal soreness. Applied Bavarian splint to thigh. Continued Arnica³⁰, three hours.

Dec. 4th. Has sharp cutting pains in the bowels, otherwise doing well. R. Colchicum⁶, two hours.

Dec. 5th. Feels much better every way. R. Arnica³⁰, four hours.

Dec. 9th. Swelling of the limb much less; back feels better; appetite returning; fractured bone in good position. Applied a starch bandage. Continued Arnica³⁰, four hours.

Dec. 18th. Feels quite comfortable. Bandage opened up and fragments found in good condition, with "provisional callus" readily distinguished. The ecchymosis of foot and ankle disappearing. Bandage re-adjusted and Arnica³⁰ continued, six hours.

Dec. 23d. Patient removed to his home.

It may not be out of place to state that I attended this patient at his home after his removal from the hospital for about three weeks, when I dismissed the case. The recovery was good, with no perceptible shortening of the limb.

HERNIOTOMY. Mr. A. B., æt. 24, was admitted to the hospital, Feb. 4th, 1874. Has had oblique inguinal hernia of the right side for two years, for which he has worn a home-made truss. Dr. McClelland was called to attend this case. Taxus having failed, he proposed to operate, and requested Dr. Buffum and myself to join him in performing the operation. Owing to the unfavorable surroundings of the patient, however, he concluded to have him removed to the hospital where he could receive the proper attention. The man was accordingly placed on a litter, with as little delay as possible, and removed to the hospital, where he came under my care. While the patient was in transit, the hospital physicians were called in consultation. The patient had suffered great pain in the hernial tumor for four days, with occasional stercoraceous vomiting for the past twenty-four hours. The tumor was large, inflamed and very sensitive to touch. He was bathed with cold perspiration, pulse rapid and small. The patient was etherized, the bladder emptied and the part shaved. I made an incision about two inches long, directly over the sac, in the direction of the spermatic cord, consecutively dividing the coverings of the hernia. On opening the sac about three ounces of dark-colored fluid escaped, exposing some eight inches of intestine, very much congested. The replacing of the intestine was effected after repeated efforts, but the reduction of the omentum was still more difficult, owing to its congested and hypertrophied condition. Instead of ligating the vessels and removing the omentum with the knife, the feet of the patient were elevated by placing the legs over the shoulders

of a muscular nurse, and dilating the ring with the forefinger until the fibres were sufficiently relaxed to allow of the replacement of the omentum.

The wound was carefully cleansed with warm water and closed by sutures; a dry compress applied and held in place by a spica bandage. *R. Arnica*³⁰, two hours.

Feb. 5th. Slept but little last night. Has high fever and great tenderness over the abdomen, with considerable pain. *R. Aconite*³⁰, one hour.

Feb. 6th. Less pain. Continued *Aconite*³⁰, two hours.

Feb. 7th. Vomited bilious matter several times last night. Pulse 90 and weak. Respiration 32 to the minute. Thirst for large quantities of water at a time. Some pain in abdomen; some cough; probably caught cold on being removed to hospital. Wound looks well, the greater portion having healed by primary union. *R. Bryonia*⁶, three hours.

Feb. 8th. Feels better; had a natural stool last night; has some appetite; dry cough. Continued *Bryonia*⁶, three hours.

9th. Complains of feeling weak, cough about same. Continued *Bryonia*⁶, three hours.

10th. Feverish, weak and restless. *R. Arsenic*⁶, two hours.

11th. Somewhat better. Continued *Arsenic*⁶, two hours.

12th. Improving. Continued *Arsenic*⁶, three hours.

15th. Cough worse. Frothy sputa. In other respects doing well. *R. Phosphorus*⁶, three hours.

17th. Feels rather better. Some dullness over the left lung. *R. Phosphorus*³, four hours.

20th. Improving. Continued *Phosphorus*³, four hours.

23d. Improving. Continued *Phosphorus*³, four hours.

26th. Improving. Continued *Phosphorus*³, four hours.

29th. Improving. Continued *Phosphorus*³, four hours.

March 3d. Cough better. Bowels constipated. *R. Nuxvomica*³⁰, twice a day.

5th. Bowels regular. Discontinue medicine.

9th. Discharged well. Cure radical.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY. The Twenty-fourth annual meeting of this Society will be held at Albany, on Feb. 9th and 10th. A number of valuable papers will be presented, and the annual address will be delivered by Prof. Helmuth, of New York City.

PUBLICATIONS RECEIVED.

THE CHEMIST'S AND DRUGGIST'S DIARY. 1875. *The Chemist and Druggist*, published in London, England, is a very important journal; intended especially as a trade journal, but interesting, as well, to any one at all connected with medical matters. Its monthly parts are filled with valuable information, not the least interesting items of which are the advertisements. Americans are apt to consider their country as the land of "notions" and of "patent medicines," and things of that ilk, but the average American opinion on these points will be considerably modified by looking over the "advers." of this English monthly. One of these sets forth the virtues of what is doubtless a novelty on this side the Atlantic, viz., "*Esprit des Œufs*" (Spirit of Eggs), which "contains seven ingredients, one of which comprises the egg and shell dissolved, and the other is the delicious chalybeate water from the old and most celebrated spring of Tunbridge Wells Spa (fie, for shame, at the *Spa*, O Albion)." Here would be a good chance to make a *proving*. At the last meeting of the American Institute of Homœopathy, a proving of the egg-shell-with-the-membrane-on was offered by the bureau of *Materia Medica*. The whole egg, dissolved, *cum* Tunbridge Wells or some other chalybeate water in certain proportions, might make a valuable medicament for nervous debility and similar conditions.

The "Diary" is compiled expressly for business uses, and must be valuable to a Druggist. The reading matter is made up of interesting articles, and a variety of valuable information. Under the head of "Addresses of London Physicians" we find the names of the most famous doctors in the world; but there is a noticeable scarcity of names of homœopathists. And in the list of London Hospitals we do not find the Homœopathic Hospital. Since the *Chemist and Druggist* is not an allopathic publication and accepts quite freely the advers. of homœopathic pharmacists, we may not *inappropriately* ask, "why is this thus?"

We would suggest to the publishers that next year they make up a copy specially adapted to the United States.

TRANSACTIONS OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY. *Proceedings of the Annual and Semi-Annual Meetings of 1873-4.*

This is volume first of a new series of the publications of this well-organized and excellent association, gotten up somewhat in the style of the annual volume issued by the American Institute of Homœopathy. It is divided into two parts, the first of which comprises the minutes of the two annual and the two semi-annual meetings of 1873 and 1874, together with the addresses delivered at these meetings; and the second part contains the reports and papers of the various bureaus; the whole constituting a volume of upwards of five hundred pages, handsomely printed, on good paper, and of uniform size with the preceding volumes, issued under the auspices of Dr. H. M. Paine, the former secretary. And inasmuch as this volume is published at the expense of the members of the association, and not at that of the State, as formerly, the liberality of the gentlemen who have contributed (*of course* they are only a percentage of the membership) and their *patriotism* for the cause are to be greatly commended.

Part First represents more particularly the work of the secretary. And having given that part, and in fact the entire work, a thorough going over, we hereby congratulate the Society on the possession of

a secretary so able, willing and conscientious as Dr. Frank L. Vincent, and say emphatically of our brother in tribulation, that he has done his first work after the manner of a veteran.

Of the bureau papers we may say, that while there is but little that is absolutely new, there is very little that is not interesting and valuable; and that a very large proportion of the papers are of a character to reflect great credit on their authors and the society generally, and to be of great service to the whole profession. Where there is so much to commend generally, we shrink from mentioning special papers; but desire to call attention to the value of the reports rendered through the bureau of Ophthalmology, Otology, etc. These papers attest the value of homœopathy in *special* therapeutics, and demonstrate the very great value of hospital experience and of such institutions as the New York Ophthalmic Hospital.

CYCLOPÆDIA OF PURE MATERIA MEDICA. By T. F. Allen, M.D., Vol. I. Boericke & Tafel, New York and Philadelphia.

The first volume of this great work comes to hand as we go to press. Want of time and space prevents the presentation of such a notice as the merits of the publication demand; a full review of the volume must therefore be postponed until the February issue. But we cannot refrain from saying here and now that the promises of Dr. Allen and Messrs. Boericke & Tafel, and our *expectations*, have been more than fulfilled in every respect. No wise member of the homœopathic profession can afford to be without this work.

EDITORIAL NOTES.

THE AMERICAN PUBLIC HEALTH ASSOCIATION. This association recently held its annual session in Philadelphia. The attendance was not large and the interest excited was not great. A number of papers were read, some of which were of great value; while others were "flat, stale, and unprofitable." The President of the association, Dr. Stephen Smith, of New York, delivered an able and eloquent address, which was full of good sense and sound doctrine. But this address was unfortunately marred by the high flights of the writer on the subject of "*National, State, Imperial Medicine*." When we come to think that what Dr. Stephen Smith means by "Medicine" is, that most unstable of all unfixed things—Allopathy, his proposition to establish a "State Medicine" by "act of Parliament;" is so very cool as to be more than refreshing and rather chilling. The A. P. H. A. should be capable of much good, if managed exclusively in the interests of the people and for the advancement of sanitary science. But when we remember that the old association, which contained a large homœopathic element, was broken up without any good reason being given for the act; that Dr. Verdi was refused membership because he was a homœopathic physician (it is patent that this was the real cause of his rejection, notwithstanding Dr. Smith's tardy letter to Dr. Vanderpool); that the tone of Dr. Smith's address, when alluding to his "State Medicine" scheme is negatively hostile to homœopathy; that this association is knocking at the doors of Congress for the passage of a bill giving over sanitary regulations, to a very large extent, into the hands of army and navy surgeons; that already, in seven States, bills have been passed (and are pending in others) creating health boards exclusively in the interests of allopathy;—when we remember all these things, and others of like im-

port, the suspicion does not fail to come that the allopaths are trying to put Homœopathy "in a hole" by State and National enactments, having failed to do it heretofore by any and all other methods. And it would seem, therefore, that the A. P. H. A. might be appropriately denominated Allopathic Practitioners Humbugging Association, inasmuch as it purposes, under the guise of interest in the public welfare, to humbug government and the people into passing acts that may be carried out exclusively in the interests of the allopathic sect and to the detriment of homœopathists.

Homœopathists do not oppose Sanitary Science *per se*. On the contrary, prophylactic and hygienic measures are always uppermost in the minds of homœopathic physicians, and they have been accused by their opponents time and again of performing all their cures by strict attention to diet and regimen. They are naturally, therefore, strong advocates of such measures as will promote public health. But they cannot fail to distrust an association from which they are excluded, and which boastingly asserts, through its president, the necessity for "State Medicine," meaning Allopathy. Let Dr. Stephen Smith and his associates ponder well the following words of the illustrious Dr. Benjamin Rush :

"The interference of governments in prohibiting the use of certain remedies, and enforcing the use of others, by law, has been as hurtful to medicine, as a similar practice with respect to opinions, has been to the Christian religion.

"Conferring exclusive privileges upon bodies of physicians, and forbidding men, of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries, however sanctioned by ancient charters and names, are the bastiles of our science."*

HOMŒOPATHY IN TEXAS. Under this heading we propose to call attention to a recent *imbroglio* in Texas; an outcropping of the allopathic proscriptive programme referred to above. The Texas Legislature passed a bill ordering each County Court to commission a Board of Examiners before which every practitioner of medicine should appear, producing a diploma from a "College recognized by the American Medical Association," or proof of five years' reputable practice within the county. The County Court of Harris County (in which Houston is situated) appointed, with others, two homœopathic physicians, Drs. J. H. Blake and H. C. Parker, as a Board of Examiners, &c. The allopathic members of the Board met and organized without notifying the homœopaths, and issued a notice to medical men to appear before them. Upon this becoming known to Drs. Blake and Parker, they procured an injunction from the Court, restraining the Examining Board from a further exercise of its functions, and sued the allopathic members for damages. The suit for damages came off on December 4th, Attorney General Garnett appearing for the plaintiffs, and resulted in the jury awarding the homœopaths \$220.00 damages. This will result in a breaking up of the Board, as the allopathists will of course refuse to sit with those terribly contaminating fellows, the homœopaths.

The constitutionality of the law will be tested in the Supreme Court of the State; with what result, it is not difficult to predict. During the trial of the suit for damages, an allopathic physician from an adjoining county was introduced as a witness, and the defend-

* Introductory Lecture in the University of Pennsylvania, Nov. 3d, 1801.

ant's attorney asked him if he was a "regular" physician. Whereupon the judge "squelched" the lawyer by remarking that "all physicians are *regular* in this court."

One of the Houston papers, in commenting on this conspiracy nipped in the bud, makes the following significant remarks: "No one point is more universally denied by the American people than the exclusive right of one set of men to judge of and have sole control in anything. Persecution or proscription for opinion's sake is not tolerated in political or religious matters, and certainly should not be in those pertaining to medicine."

All honor to Drs. Blake and Parker, who thus manfully stood up for their rights.

ST. LOUIS HAHNEMANN MEDICAL COLLEGE OF MO. It is claimed for this college that it is "a regularly and lawfully chartered Institution," and, doubtless, the claim would not be made were it not so. But it appears to be guilty of acts that appear to be very *irregular* and may possibly be *unlawful*. We have received from Dr. Robert Faulkner, of Erie, Pa., a well-known and highly respected physician, a document purporting to be issued by the above mentioned college, under its seal, and signed F. R. Moore, M.D., Dean and Treasurer, which is entitled "A certificate of appointment as CENSOR." This appointment confers upon the "Censor" the right to examine candidates "at any time of the year, and at any place that may suit the convenience of Censors, who have the discretionary right and authority to collect a reasonable fee from each candidate examined by them." In a circular entitled "Instructions to Censors," which accompanies the "certificate of appointment," after the usual qualifications of candidates are laid down, the following paragraphs occur. "Also, all candidates capable of passing a well-sustained fair and satisfactory examination before the Faculty or by one or more Censors, and being approved by the managing trustees shall receive the Degree of Doctor of Homœopathic Medicine and Surgery." "Candidates are required to pay in advance to the Dean or Treasurer, a matriculation fee of five dollars, and thirty dollars graduation fee, and one hundred dollars on the delivery of the diploma, which will at any time the college may be in operation, entitle him (*sic*) to one full course of lectures in said College." Accompanying these papers is a letter addressed to Dr. Faulkner, and signed by the "Dean and Treasurer," which contains the following paragraph: "We wish your influence for our college. Send us students and candidates for graduation. On account of hard times and scarcity of money, the fee for a course of lectures has been reduced to fifty dollars."

Here we have the humiliating spectacle of an institution claiming to be a homœopathic college "regularly and lawfully chartered" issuing a certificate of authority to a physician, about whom so little is known that his name is not correctly spelled, to examine (and to collect a fee for so doing) any candidate for the "degree of doctor of homœopathic medicine and surgery," without any evidence that the candidate has attended any lectures, and, in fact, without any attendance on lectures being required; the report of said Censor being conclusive evidence of the candidate's fitness, subject only to the matter of course approval of "managing trustees." And after the candidate has received his diploma, that precious document then becomes the *open sesame* to the halls of science, for one *course* of lectures, "at any time the college may be in operation." (How

long, oh Lord, how long?) And as if the temptations were not yet sufficient for the wall-climbers, the fees are reduced to fifty dollars, on account of the "hard times and the scarcity of money."

When this sort of thing was done in Philadelphia, by a certain Eclectic College, it was called "selling diplomas," and the law was invoked to put a stop to it. We shall make no further comments in the matter, however, but leave it to the authorities of the institution to answer and the profession at large to judge.

It is proper to state that those staunch veterans, Drs. Franklin, Temple and Comstock, of St. Louis, have no connection with the above named College.

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY OF NEW YORK. All friends of homœopathy naturally feel an interest in this Insurance Company. We therefore call particular attention to the annual report issued on the first of January, 1875, and more especially to the wholesome exhibit of the "*Balance Sheet*." This balance sheet must be very gratifying to the policy holders, as it proves the sound financial condition and judicious management of the Company. The annual report, we are told, will be sent to every accessible homœopathic physician in the country.

THE MASSACHUSETTS FARCE CONTINUED. The Massachusetts Medical Society still continues its ridiculous prosecution of homœopaths. Dr. H. C. Clapp, of Boston, has just been before the "Trial Commissioners," of that august body. The doctor made a gallant defence, and from his remarks we quote the following "hard hits" at the allopaths:

"If the Massachusetts Medical Society had allowed and encouraged the free discussion of homœopathy in its meetings, the homœopathic society would never have been formed. Therefore, if either society is exclusive it must be the Massachusetts Medical Society, since it excludes one of the most important branches of medical science. I need not undertake to show how important this system of homœopathy is which it excludes, nor of what inestimable value to the world it has been in the short time that it has been practiced. I might almost as well undertake to prove, in this age of the world, the value of steam or electricity.

I claim that if I do wrong in practicing homœopathy almost every intelligent member of the Massachusetts Medical Society commits the same wrong, whether he is willing to allow it or not. Arsenic and Sulphur in skin diseases, Cantharides and turpentine in urinary troubles, Aconite in fevers, corrosive sublimate in dysentery, Digitalis in heart affections, Ipecacuanha in vomiting, Nux vomica in gastric derangement, Secale for uterine pains—the list might be considerably extended—act homœopathically even when given by allopathic prescribers. The difference in the crime is only one of degree. They resort to homœopathy in a minority of cases, I resort to homœopathy in a majority of cases. It is homœopathy all the same, even if they pretend to call it by some other name. Morally, it is just as much of a crime to steal ten dollars as it is to steal one hundred, and it makes it none the less if you do pretend to *borrow* the smaller sum.

Dr. H. L. Chase has likewise been "on trial." It is understood that in case an adverse decision is rendered and accepted by the Society, the cases of Drs. Clapp and Chase will be carried to the Supreme Court.

THE HAHNEMANNIAN MONTHLY.

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No. 7.

MYSTICISM IN MEDICINE, ANCIENT AND MODERN.

BY J. H. P. FROST, M. D.

“The thing that hath been, it is that which shall be; and that which is done, is that which shall be done: and there is no new thing under the sun.”

These words, which form an appropriate motto for our discussion, are verified by the language of Celsus as illustrated by a recent occurrence. This author, inquiring if we have any certain signs of impending death, asks: “how (then) do those deserted by the doctors sometimes recover, who are reported to have come to life even at their own funerals?”* The latest illustration of this old truth that has come under my notice, was in a family where the children had diphtheria and were given up to die by their attending allopathic physician. Instead of sitting down in despair, the parents went to work and cured up their sick themselves, simply using *cod oil*, internally and externally. In another neighborhood the people resorted to a gargle of salt water (*Natrum mur.*) and saved all their diphtheria patients without calling a doctor. Some homœopathic physicians of my acquaintance give a solution of permanganate of potassa with the greatest success; with this antiseptic alone curing all or very nearly all their diphtheria patients, in sections where the old school practice is attended with a very serious mortality. This solution, of a

* Si certa futurae mortis indicia sunt, quomodo interdum deserti a medicis convalescant, quoscumque fama prodiderit in ipsis funeribus revixisse! A. Cœl. Celsi, *De Medicinis, Libri Octo.* p. 38.

deep blue color, recalls the doctrine of Paracelsus,—who, however, was not acquainted with this drug;—that “blue cures all diseases of the throat.”

“Mysticism,” says Cousin, “suppresses treason.” And it is thus defined by a late German author: “A near approach to superstition, or rather a species of it, is *mysticism*, or a belief in a particular faculty of the soul by which it may reach even in this world, an immediate intercourse with the deity, or with celestial natures, and enjoy immediately a knowledge of Divine things.”* Mysticism, therefore, involves two distinct elements: Secret knowledge and supernatural power. The secret knowledge may be self-acquired, the result of intuitive perception; it may be received by transmission to the initiated from the successive members of a class or order; or it may be claimed to be the immediate fruit of direct intercourse with supernatural beings. In some cases the (assumed) supernatural power consists solely in this very intercourse itself, or in the reputation of being endowed with such intercourse. The principle of mysticism, or natural affinity for mysticism in the human mind, develops itself in connection with religion, with philosophy, and with medicine. It is in this latter form of development that we wish to consider it here; but this will necessitate some reference to the two former.

In ancient times, when the few absorbed all knowledge at the expense of the ignorant many, it may well be supposed that the mystical elements prevailed in all the great spheres of human thought and action, especially when the priests were also and at the same time the philosophers and the physicians, and when this truly privileged class combined all the resources at their command for the sake of maintaining their supreme control over the people. As poetry comes before prose, and faith before reason, in those earliest ages; so mysticism with its attendant superstition came before *Gnoses* or general knowledge and freedom of thought and belief. Next to actually raising the dead, healing the sick is the most potent mode of inspiring the masses with awe and gratitude. In order to produce this result, therefore, all that was august and imposing in religion, all that was secretly known of natural science, and all that was claimed and believed to result from veritable intercourse with supernatural beings, was concentrated in one continuous master effort. For this purpose also, much

*WEGSCHEIDER, *Instil. Theol.*, § 10.

was wrought by enchantment and believed to be done by supernatural aid. That is now explained in scientific works, under the name of "natural magic." And many wonderful things are related of various persons among the ancients, positively testified to as having actually occurred, which have ever been regarded as fabulous by the moderns, until the more recent advances in natural philosophy and in psychology have shown that they may easily have been true. In like manner many occurrences, which were anciently regarded as prodigies or omens of fearful import, are now seen to belong to the ordinary routine and physical mechanism of nature.

The personal history of Pythagoras supplies numerous, very apposite illustrations of these remarks. Many of the wonders he is authentically stated to have performed, and which exalted him, in the estimation of the people, to the rank of a God, are now seen to be readily susceptible of explanations in accordance with modern science; or to be altogether analogous to purely natural phenomena common at the present day. It is affirmed, for instance, that he commanded an ox to abstain from eating beans, by whispering something in his ear, and that the animal ever after obeyed this command.* This is not unlike the power still claimed, and indeed exercised by some in modern times, of charming or taming horses, and controlling their fury when enraged, by whispering in their ears,—which may be regarded as an obscure form of animal magnetism, and none the less real because it is principally possessed by such disreputable people as the gipsies.† At another time, Pythagoras is said to have caused an eagle to come down, that by chance was flying over his head, and having stroked it, to have sent it away; a proceeding sufficiently wonderful indeed, but capable of being explained in a similar manner to the above.‡ But it is no more wonderful than what I have myself witnessed, in company with hundreds of others, in a public hall, where the lecturer, by the mere exercise of his unspoken will over a promiscuous assembly, compelled many persons, men and women, entire strangers to him, to leave their seats in various parts of the house, and come up to the platform in a somnambulistic condition, and there to dance, sing and make speeches, and laugh, and cry, and fight, and hug one another, in the

*PORPHYRIUS, *De Vita Pythagoræ*, Amsterdam, 1707 : p. 31 :

RITTER, *History of Ancient Philosophy*, vol. 1; p. 330; Oxford, 1838.

†*Vide* GEORGE BORROW'S *Works*, *Passive*.

‡PORPHYRIUS, *De Vita Pythagoræ*, pp. 31, 32.

most absurd and ridiculous manner imaginable, all the time perfectly unconscious that they were making fools of themselves for the amusement of their neighbors.

Still another kind of apparently supernatural phenomena is related of Pythagoras, to which modern history can supply many corresponding examples, and modern science affords an explanation, which if not altogether complete, proves at least that there is nothing supernatural in the whole business. "In one and the same day, almost all affirm that he was present at Metapontum in Italy, and at Tauromenium in Sicily, with friends which he had in both places, and discoursed to them in a public convention, when the places are distant many stadia by sea and by land, and many days journeys asunder!"* What do we see in this prodigy,—which was no doubt powerfully efficient in causing this philosopher, learned priest and physician to be regarded as most certainly divine,—but an instance of "the double" "Döppelgangers," of which modern publications record many indubitable examples?† Corresponding to the verified predictions of future events recorded of Pythagoras, any number of similar prophecies, equally verified in their event, and far more authentic, could be adduced from volumes lately published in this country and in Europe.

Porphyry tells us how Pythagoras acted as a physician: "If any labored under disease of the body, he cured them; if they were sick in mind, he removed their distress partly by *incantations* and *magical hymns*, and partly by *music*. For there were certain peculiar hymns with which he healed the sick, and others with which he restored to their former health those mentally diseased, others also, by which he induced unconsciousness of suffering, mitigated anger, and suppressed libidinous desires.‡ This mode of cure, by incantations and charms, which Pythagoras practiced; to which Homer refers, in the *Odyssey*, when speaking of the wounded Ulysses:

"And staid the black blood with a Charm,"

* History of Philosophy: by Thomas Stanley, Esq.; London, 1701; p. 361.

Jamblicus, *De Vita Pythagorica* Liber, Cap. xxvii; p. 113.

Porphyrius, *Loc. cit.*; p. 34.

† For numerous modern examples see "Right Side of Nature," by C. Crowe; vol. I; p. 161; London, 1852, and "Foot Falls on the Boundary of another World;" by R. D. Owen; pp. 319—461; Philada., 1860.

‡ Si quo corporis morbo laborarent, eos curabat; sin animo ægrotarent, solabatur, ut diximus, dolorem partim incantationibus, magicisque carminibus, partim vero musica. Erant enim ei peculiaria quedam carmina, quibus corporum morbis medebatur: quæ cum accineret, ægros pristinæ sanitati restituebat. Erant enim quibus doloris oblivionem inducebat, et iram mitigabat, et libidinem impertinam eximebat. Porphyrius, *De Vita Pythagorice*, 33.

and which Pindar extols when he describes Æsculapius as healing "*with soft charms*," was well known, also, to the ancient Hebrews. Moses strictly forbade "the abominations of these (heathen) nations:" "There shalt not be found among you any one that * * * * with divination, or an observer of times, or an *enchanter*, or a witch, or a *charmer*."* David alludes to the charming of serpents by music,—implying that it was ordinarily successful: "Like a deaf adder that stoppeth her ear; which will not hearken to the voice of charmers, charming never so wisely."† And the prophet Jeremiah does the same: "For behold, I will send serpents, *cocatrices*, among you, which will not be charmed."‡

The mode of treatment so largely employed by Pythagoras, may be termed a very charming way of removing physical and psychical disorders; but it differs more in manner than in essential nature and actual results from the operations of modern "biological" and "magnetic" physicians. At the same time the influence of incantation or magical hymns which were sung or chanted, and of other charms, is to be distinguished from that of simple music alone.§ The ancient use of music as a means of healing the sick, recalls what is said in a modern medical work of high order, in which the learned author speaks of "the gymnastic exercises employed with a great deal of success in the treatment of chorea,—sometimes *in connection with music*, either on account of the influence of the rhythmical measure, or because music has a strikingly beneficial influence over a number of such patients."** Bähr, whose words we have quoted here, scarcely dares to commit himself to the admission of the possibility of such phenomena as are frequently recorded by medical writers, ancient as well as modern. But the subject has too intimate a connection with Homœopathy to be passed over with so little notice. Tarantism, *Tarantulismus*, as the chorea caused by the bite of the Tarantula is called, is cured by the patient dancing to lively music, until exhausted. The poison of the Tarantula—whether received into the system involuntarily from a bite, or voluntarily by taking it variously diluted in proving—is equally well known to cause chorea

* Deuteronomy, xviii., 10, 11.

† Psalms, lxxiii., 4, 5.

‡ Jeremiah, viii., 17.

§ Plato represents Socrates as advising to a young man—to cure the disorder in his head—"a certain leaf, and a certain incantation in addition—but that the leaf would be of no use without the incantation." Charmides; (Bohn's) p. 116.

** The Science of Therapeutics. By B. Bähr, M.D. :—Vol. i., p. 176.

or St. Vitus' Dance; while many cases of this disorder naturally arising, are reported as having been cured by this same poison in homœopathic doses.*

The whole subject of charms possesses great interest even at the present day, since there may be the same belief—although not so universal—in them now as formerly, but with this material difference; the ancient belief was founded upon superstition reinforced by empiricism; while the modern belief, in some cases at least, may be a reasonable faith sustained by scientific knowledge. The truth of this latter remark will appear by considering the dynamic composition of charms, into which may enter any one, or two, or even all three, of the following elements:

I. *A strong psychical influence from the giver of the charms*;—this is what is known as *animal magnetism*.

II. *An implicit faith on the part of the receiver*;—this is usually termed *imagination*.

III. *The natural, inherent virtue of the charm itself*—as in the instance of a plate of copper worn over the epigastrium to prevent cholera.

Ancient, mediæval, or even modern cures supposed to be magical or supernatural, may therefore have been of either one or more of these three kinds: Those wrought by *psychical influence*, which may have been direct, or exerted through the medium of the incantations and charms already noticed, or through other instrumentalities to be subsequently mentioned; those which may be supposed to be due to *faith* alone, or effected by the *power of the imagination*, according to the popular expression; and those wrought by remedies, however applied, which were in reality homœopathic to the case. In the course of this paper we shall endeavor to present some examples of each one of these three kinds of cures considered as distinct from the other two; although in the great majority of such cases, two at least of these elements will be found in cooperation.

The strictly legitimate *psychological* mode of practice, such as that of Pythagoras was in great part, which was held in high esteem by some of the greatest physicians of antiquity and which may yet come into equal repute in modern times,

* Pathogenesis of Tarantula. N. Am. Jour. of Hom., Feb'y, 1872, p. 387. Clinical experience with Tarantula, *Ibid.*, May, 1872, p. 486. In *El Criterio Medico*, Aug. 10, 1872, p. 333, Dr. J. C. C. Callejas publishes a case of Chorea,—Sufria a consecuencia de un susto, movimientos involuntarios irresistibles, que la imposibilitaban el andar en ocasiones, con predominio en el lado derecho adonde eran mas continuos y manifestos dichos movimientos,—which was cured with the 30th and 200th of Tarantula.

must not be confounded with that which is purely mystical on the part of the practitioner, and superstitious on the part of the patient. The anonymous author of *Denarium Medicum* says: "Before the time of Hippocrates, there were many learned men who healed the sick, using no bodily remedies, but only the powers of the mind and spirit."* The same mode of practice,—with the addition of an unintended recognition of the homœopathic law,—was implied in the words of Avicenna, when he said "the human mind is able to change a healthy body into a sick one, and a sick body into a perfect one."†

Much of the psychic force exerted by the ancient physicians may have been *immediate* and through the *voice* alone, as in that highest instance of one mind acting upon another displayed by Jesus Christ, when he said to the man sick of the palsy: "Arise, take up thy bed, and go into thy house." The fact that this was an instance of the operation of a truly *divine force*, renders it all the more emphatic as an illustration of our remarks. In the greater number of cases, however, this psychic influence was exerted through some other medium than the human *voice* alone.

But in addition to the proper use of the voice in speaking, as the powerful expression of the soul, and to its regular employment in singing and chanting to produce effects purely natural according to the tone and measure adopted, there was an irregular and fraudulent use of the voice, in magical rites, calculated to deceive, and astonishingly effective in producing the intended impression on the minds of the people. This was what is now known as *ventriloquism*. "That which to-day belongs only to the province of amusement, formerly enlarged the domain of the magician. The ventriloquists, which now excite our laughter, played then a *role* more serious."‡ We do not pretend to say that any ancient physicians were guilty of such conduct in relation to their patients; but introduced the subject here in order to show a certain confusion into which the old writers fell, and at the same time explain the relation of the whole matter to modern physiological and psychological science.

"In several medals, Æsculapius is accompanied by a small

* Fuerunt ante Hippocratem multi viri docti qui nulla prorsus medicina corporum usi sunt; sed sola spiritus et animæ facultate.

† Animam humanam posse corpus sanum ad aegritudinem, et aegrum ad sanitatem convertere.

‡ "Ce qui n'est aujourd'hui que du domaine de l'amusement, agrandit autrefois le domaine des thaumaturges; les ventriloques qui excitent nos rires, jouaient autrefois un rôle plus sérieux." *Des Sciences Occultes*, Per M. M. E. SALVERTE.

figure representing a young boy covered with a cowl. This boy, or little man, was called *Telesphorus*. Mons. Patin mentions a medal coined in honor of the Emperor Adrian, which bore on one side an *Esculapius* with his daughter *Hygieia*, and on the reverse a *Telesphorus*, and near it were these two letters OB. And he tells us that some translate this word (*Telesphorus*) *Dæmoniac*, or *Ventriloquus*. This application induces me to think that *Telesphorus* and *Ob* signified the same thing, finding elsewhere that this latter word is likewise rendered by that of *Dæmoniac*, *ventriloquus spiritus*. So Seldon says the word *Ob* is usually translated by that of *Python*, or *Magician*. But *Ob* was a spirit or demon that seemed to speak from within; sometimes from the head, and sometimes from the armpit; but in a tone, whether of a demoniac or of a dead man, so low, that it seemed to come from some deep cavity in the earth; so that whoever consulted it, oftentimes heard it not, but made what construction he pleased. See the history of Samuel, whose figure was raised to Saul by a woman, from whose pudenda *Ob* spoke, or was thought to speak. The (Hebrew) Scripture, in the 28th Chapter of I Samuel calls this *Pythonissa*—or, as the Seventy translate, this *Ventriloqua*.—literally, *a woman that had Ob*; whence Saul made this request to her, ‘Divine to me I pray thee, by *Ob* ;’ which the Seventy render: Prophecy to me by the *Ventriloquus*.’ *Ob* therefore was a ventriloquous spirit.”*

Ob is the Hebrew word which in the passage just quoted, and in many others,† is translated *familiar spirit*; in the Greek version of the Seventy, *Ob* is rendered *engastri muthos*, in-stomach-speech. Our word *ventriloquy* is the corresponding Latin form, which, however, fixes the origin of the voice in the belly, or abdomen, more nearly in accordance with the old idea, as above expressed,—“from whose pudenda *Ob* spoke,”—meaning that the voice came from the uterus. It is likely that persons possessing this faculty of ventriloquism—in which the sounds are enunciated in the larynx without the aid of the lips, as is well known at the present day—in ancient times were supposed as a matter of course, to have a familiar spirit, which thus spoke through them *ab imo pectore*.

* LE CLERC, “History of Physick,” p. 77.

† Isaiah, xxix., 4: And thy voice shall be, as one that hath (or) a *familiar spirit* out of the ground. Compare Leviticus, xix., 21; Isaiah, viii., 19; xix., 3; ii Kings, xxi., 6; and numerous other passages, in which the *familiar spirit* of our version will be found to correspond to *ob* in the Hebrew.

The coincidence of this word *Ob* occurring on the Heathen Medal and in Hebrew Scriptures, with the same profound dæmoniac significance in both cases, and its manifest identity with the *Obi* of the African Fetish, is very remarkable indeed. This negro word *Obi*, being understood to be very ancient, and no doubt derived from the old Arabic, a cognate of the Hebrew, has a meaning that would be identical with the Hebrew *Ob*, were it not tinged with a still deeper shade of superstition. And in concluding our present notice of a particular form of mysticism that gave the priestly physicians of the olden time unlimited power, we observe that the so-called *mediums* of the present day, who are believed to be conscious of intelligible impressions from spiritual beings, all affirm that the voice felt, but not audible to the external ear, seems to them to come up from the *epigastrium*. In reality, this *sensation as of a voice* comes neither from the stomach, as these persons imagine, nor from the belly, uterus or pudenda, as the ancients supposed; but from the *celiac plexus*, or solar ganglia.* And just as a certain morbid sensitiveness of the voluntary nervous system results in that exquisite sensibility which enabled Reichenbach's sick-sensitives to distinguish metals, and in some cases even colors, by simply taking them in their hands; so a *corresponding morbid condition, hypæsthesia of the ganglionic or involuntary nervous system, seems to render its subjects consciously perceptive of intelligible impressions from the inhabitants of the spiritual world.*

This morbidly sensitive condition of the involuntary nervous system, we have often, if not exclusively, seen in persons of a decidedly scrofulous constitution; the seat of scrofula as an hereditary psoric miasm being understood to be in this same organic nervous system. The whole subject is full of the profoundest interest alike to the physiologist and to the psychologist, since in it are involved certain hitherto undetermined questions relative to the respective seat and sphere of the *natural*, animal or *psychical* soul of man, and of his moral, *spiritual* or *pneumatic* soul. The former, as it seems to me in common with others, must necessarily have for its

* In this connection should not be forgotten those Monks of Mount Athos, who were called Quietists, who flourished in the early part of the fourteenth century, who looked for "illumination with the Divine Glory," by shutting themselves up in their cells, with chin on breast, turning their thoughts inward, *gazing toward their navels*,—whence they were called "*navel-contemplators*!" (In some such manner, by looking fixedly at the point of the nose for instance, more recent lay devotees of this kind are accustomed to throw themselves into a trance state.) Schrockh's *Kirchen geschichte*, Vol. XXXIV., p. 451, *et. seq.*

immediate organ, if not for its exclusive seat, the ganglionic nervous system; while the latter is well understood to be situated in that cerebral sphere, which forms its appropriate organon. And yet it must be borne in mind that the *psyche*, the instinctive animal or natural soul, equally with and perhaps in some cases superior to the *pneuma* or spiritual soul, has its own faculties of perception, intelligence and memory, its own emotional and affectional feelings, and its own voluntary powers.* If the physiology of the two-fold nervous system of man—each portion antagonizing or balancing the other, each supreme in its own sphere—is a profound study for the modern physiologist, how much more must the correspondingly duplex nature of the human soul, where the lowest passions and the highest principles and aspirations struggle for the mastery, prove a grand problem for the psychologist, who cannot choose but realize that in his immaterial nature, as well as in his material form, man is “fearfully and wonderfully made.” “The Master speaks of two faces of the soul,—the one turned toward this world; the other turned directly toward God. In this same face (the latter) shineth and gloweth God eternally, whether man is conscious of it or not.”†

But this *psychic*, natural, or instinctive soul, whose habitation for man is in the sympathetic nervous system, is also possessed by the lower animals, which in this direction are endowed with much keener faculties of perception. Reference is not here made to the well known extraordinary acuteness of the physical senses, like that of the smell of those birds of prey that scent their carrion food from distances unknown, but so great as to render themselves invisible; but rather to the still more remarkable power manifested by birds and animals alike, of perceiving spiritual apparitions. Balaam's ass is a famous example:—“And the ass saw the angel of the Lord standing in the way.”‡ Other cases are recorded, in latter times, and equally well authenticated, in which horses and canary birds, unable to escape, have perished from fright, and dogs ran howling to their masters for protection,

* For the comparative and contrasted difference of these two,—soul and spirit,—as seen from the theological point of view, study, in the Greek of the New Testament, *Psyche* and *Pneuma*,—and their derivations,—in Jude, 19; Hebrews, iv., 12; i Corinthians, ii., 14 and xv., 44—46.

† Di Meistere sprechen von zwein antlitzen der Sele. Daz eine antlitze ist gekart in dise Werlt. Daz ander antlitze ist gekart di richte in got. In diseme antlitze lüchtet und brennet got ewichlichen, der Mensehe wizzes oder erwizzes nicht. HERMAN VON FRITZLAR, *Heiligenleben*, Leipzig, 1845.

‡ Numbers xvii., 23, 27, 33

or rushed from the room, when their own masters were the subjects of the ghostly attack.*

The eye, next to the voice, becomes the most expressive organ of the feelings of the soul, and when human speech is not understood, it becomes the most powerful instrument of the will. This is seen in the vanquishing of savage beasts and even of maniacal men by the determined look of a powerful and resolute man. "The force and fascination of the eye have always been proverbial, and the common belief of the people have ascribed to this influence many of those phenomena which are included under the description of magic and witchcraft." To the *evil eye* superstition has attributed the most baneful effects, and if *invidious* looks and wicked thoughts could kill or even injure, there would be little safety among men on earth. To such evil looks Virgil refers :

"Some ill eye fascinates my tender lambs."†

There are others on the contrary, whose eyes are believed to exert a beneficent influence, so Castro says: *E converso, quondam esse quorum oculi creduntur habere vim beneficam ad res inspectas—Vulgo Benzedeiros.* Fascination, whether practiced by men or by serpents, upon birds and small animals, is no other than a development, through the eye, of the power called *animal magnetism*,—which by some has been supposed to be *the vital fluid*.

The touch next claims our attention as a means of applying psychic force in healing the sick. "In all ages a certain medicinal virtue has been ascribed to the touch of the human hand;" many persons seem to have possessed especial power in this direction, and in some remarkable cases this power has been hereditarily transmitted from father to son for several generations. This of course is no other virtue than what is now so generally known as animal magnetism. "The author of the *Philosophie Corpusculaire*, states, that a family exists in the mountains of Dauphine, who have been in the habit of magnetising from father to son for centuries. Their treat-

* *Anatomy of Sleep.* By Edward Binns, M.D. Second edition, London, 1845; pp. 479, 480.

Edinburgh Medical and Surgical Journal, 1845; Vol. lxiv., pp. 186-7. Cited by R. D. Owen, "Debatable Land," p. 302.

Mrs. S. C. Hall, cited by R. D. Owen, "Footfalls on the Boundary of Another World," p. 447;—see also, pp. 217, 231, 398, and 448, of this latter work, for other instances of this perception of spiritual phenomena on the part of various domestic animals.

† *Nescio quis teneros oculus mihi fascinat agnos.* Eclogue, iii., 118.

Dr. Joseph Trapp, whose version of this line we quote, remarks upon it: "This English notion of an *evil eye*, and *fascination* or *hexitching* with it, still obtains among the ignorant, superstitious people." *The Work of Virgil: Translated into English Blank Verse.* By J. Trapp, D.D., London, 1731.

ment consists in conducting the great toe along the principal ramifications of the nerves." Tacitus relates that the Emperor "Vespasian, at Alexandria, by the order of Serapis, set his foot upon the hand of a man who had lost the use of his hand; whereupon the lame man recovered the use of his hand."* Michael Medina states that he knew a boy at Salamanca, who was believed to possess the gift of communicating health, and who cured many persons of the most serious diseases merely by touching them with his hands.† Thiers, in his *Traité des Superstitions*, mentioned several monks who were in the practice of curing diseases by the touch. Athanasius Kircher asserts that there are some persons who cure the most obstinate disease by the mere touch of the hand. *Solo attactu incurabiles morbos tollunt quidam.*‡

This hereditary transmission of a remarkable healing power is still more notable in the matter of the Royal Touch for scrofula, then called, as it is stated, the King's Evil.§ Mr. Colquhoun, of whose historical researches we have freely availed ourselves in the present as well as in other portions of this paper, states: "That the Kings of England for several hundred years actually exercised their touch for the cure of scrofulous complaints, is proved by abundant historical authority; and the sanative efficacy of the process is also sufficiently attested. Mr. Wiseman, principal surgeon in King Charles the First's army, and Sergeant Surgeon to King Charles II, after the restoration, says: "I myself have been a frequent eye witness of many hundreds of cures performed by His Majesty's touch alone, without any assistance

* Historia, Lib. iv.

† De Recta in Deum Fide, Venice, 1564, Cap. 7.

‡ Protogenes, priest of Edessa, cured the children, his pupils, by prayer and by the touch of his hand; and the Monk, John, received from God the gift of curing the gout, and of replacing broken limbs. The Monk, Benjamin, cured all kinds of diseases by the touch of his hand, and anointing with holy oil. THIERS, *Traité des Superstitions*, lvi., c. 4.

Petrus Thyrcus, the Jesuit, in his work entitled, *Dæmoniæ hoc est de Obsessis*, refers to a number of cures performed by ecclesiastics, by the imposition of hands, and by other means analogous to the magnetic.

These quotations, with others, are taken from J. C. Colquhoun's "Inquiry into the origin, progress and present state of Animal Magnetism," published at Edinburgh in 1835.

In case any reader who may not have ready access to M. Colquhoun's very scarce and interesting work, should desire to investigate this matter more thoroughly, we subjoin the original authorities he cites:

POLYDORE VIRGIL, lib. viii., *Hist. Angl.* I.

TOOKER, *Dharisma, Live donum Sanationis*, &c., 1537.

WISEMAN, *Chirurgicæ Treatises*, Vol. I., p. 387.

BECKETT, *Inquiry into the Antiquity and Efficacy of Touching for the King's Evil*.

§ This reason may have been an afterthought; it is far more probable that the name was originally applied to scrofulous disease, as one that was remarkably developed in kings proper persons. It is well known that from repeated intermarriage among the near relations of the ruling families of Europe, Scrofula has in them been developed to such a degree as to produce royal examples of physical impotency, mental imbecility and moral obliquity, that shocked the common peoples' faith in the divine right of Kings.

of chirurgery; and those, many of them, such as had tired out the endeavors of able chirurgions before they came thither. The method adopted upon those occasions was *to accompany the touch with prayer, and to hang a gold medal about the neck of the patient*. The King of France made use of the following formula upon such occasions: *Le Roi te touche, Dieu te guerisse*, the King touches you. God cures you. This mode of cure is the most remarkable illustration of modern or mediæval mysticism in medicine. Bishop Bull, one of the most eminent divines of the Anglican church, in his Fifth Sermon, certified to the reality of all these proceedings: "That divers persons desperately laboring under the King's Evil, have been cured by the mere touch of the royal hand, assisted with the prayers of the priests of our church, is unquestionable. And Sir William Davenant, in his Tragedy of Macbeth, referring to the exercise of this power by Charles II, of England, says:

"How this good King solicited Heaven,
Himself best knew; but strangely visited people,
The mere despair of Surgery, he cured,
Hanging a golden stamp about their necks,
Put on with holy prayers."

In the instances of little children, of whom there must have been many among so large a number of cures, the royal touch "may be regarded as a *direct psychical influence*; in the case of adults, our second element of these mystical cures, *faith*, or *the power of the imagination*, may have borne an effective part in determining the event; while it remains an open question as to how far the inherent *natural qualities* of the substance (*gold*) of the charm employed, may have contributed to the curative results. Gold is indeed a remedy for scrofula, especially in cases of persons who have been mercurialized; but to what extent its influence as a homeopathic remedy may have been efficient in those cured of "King's Evil," it would be as difficult to form any opinion, as it would to determine how much availed the "holy prayers" with which the charm was put on. And, to add one more coefficient for finding the unknown quantity, these royal families whose ruling princes performed such remarkable cures were, themselves scrofulous to the last degree.

In addition to the voice, the eye, and the touch, we find *saliva* was often used as a medium of the psychical healing powers. The saliva is a *vital secretion*, capable of becoming in a remarkable manner the exponent of intense feelings of

the soul. Thus the bite of a cat in its ordinary state is comparatively harmless; but let the animal become temporarily enraged, and its bite suddenly acquires a virulence which has been known to destroy life. In general, "the passions seem to exercise a strong influence over the saliva; and madness converts it into a poison." Among the Arabs, the effect of *the evil eye*, and other superstitious dangers were opposed by passing over the object a finger wetted with *saliva*. "The saliva is said to have a peculiar efficacy in the case of swellings; it was employed as a remedy by the *Ensalmadores* (Enchanters) in Spain, who according to Delrio, cured diseases by means of the saliva and the breath."* And this simple means our Saviour thought it not beneath him to employ as the medium of his own divine healing power: "He spat on the ground, and made clay of the spittle, and he anointed the eyes of the blind man with the clay."†

(To be concluded.)

THE PHYSIOLOGICAL ACTION OF HOMŒOPATHICALLY SELECTED REMEDIES.

ILLUSTRATIONS.

Three distinct factors are necessary to produce a cure: First. *The exploration of the disease*; in other words, the totality of the subjective as well as objective manifestations of the diseased state in a particular person. Second. *The exploration of the effects of the medicine*; i. e. to find out the action of a given remedy on certain tissues. Third. *The proper application of the medicine*.

Dr. Hanstein publishes the following cases in the *Allg. Hom. Zeitung*, August, 1874. A tall and large woman, æt. 32, suffered for eighteen months from severe indistinct pains in the left upper and lower teeth, lower maxillary and zygomatic bones, with swelling of the gums, cheek, and the swollen left part of the mandibula is painful to pressure. The pain radiates to the ear and into the head, is worse in the fresh air and at night, so that she throws herself about, with pitiful wailings. Two months ago an otitis externa with swelling was added, ulcers formed in the external meatus, and she complains

* DELRIO, *Disquisit. Magic.* Moquint, 1606, tom. i., p. 69. Cited by Colquhoun.

† John, ix., 6, 7.

even now of an undecided pain in the meatus externus, relieved by filling up the ear.

She also complains of a bruised sensation of the extremities, an inclination to sit or to lie down, itching-burning on the thighs, which bleed after scratching. She falls asleep at a late hour, awakens often, and after awakening the pains keep her from falling asleep again; she is troubled by frightful dreams and feels unrefreshed in the morning. Sleepiness in the afternoon. Always has cold feet; and during the paroxysms of pain, heat, with anguish in the head, and simultaneous chilliness; she never perspires; pulse 92. She is irritable, sensitive, gets easily angry, and weeps, and on account of the severity of the pains, is tired of her life. The head is painful to the touch and the hair falls out. She complains of surring in the ears; dryness of the nose and throat; constrictive pains in the stomach, ameliorated by eating; cannot bear anything tight around her waist. Menses regular, but scanty and of a dark color.

*Nux vom.*³, *Calc. carb.*¹⁵, *Sulphur*, *Merc. sol.*³, failed to do any good. Only *Calc. carb.*³, a dose morning and evening, brought amelioration, and a perfect cure after four days. A year has passed and she has remained free from pain.

As we have our doubts whether the entire cure can be ascribed to the action of *Calcarea*, we beg permission to give a case from the practice of Dr. Van Den Neuken (*Bibliothèque française*, December, 1873).

M. H., baker, æt. 45, rather thin and pale, has hemorrhoids, poor appetite and habitual constipation. For seven years, without any cause he suffers from a paretic state of the forearms; both hands are slightly distorted in pronation, thus showing that the motory power is not entirely lost in the muscles, but in a varying degree: the articulations of the wrists, lank and atrophied like the forearms, appear enlarged, so that slight traces of nodosity can already be observed; he feels a rheumatoid pain during the entire night. He has always lived a temperate life, and worked only at his trade, especially at the kneading of bread. Now it is impossible for him to bring his fork to his mouth.

I commenced treatment, July 24th, 1871, with ten globules of *Nux vom.*²⁰⁰, dry on the tongue. A month afterwards I met him in better health, digestion and stool more easy, less pains in the hands, and he could grasp light objects.

February 27th. One dose *Urticarin*³⁰, fifteen globules in

two days, on account of the arthritic pains with paralysis, which are characteristic of *Urticarin*. Six weeks afterwards he felt so well that he wished to return to his trade, which I agreed to, giving him only a dose of *Cale. carb.* in order to make the cure sure, as there was a slight stiffness and sometimes a slight crampy sensation, especially when he worked too hard. No relapse after two years.

The reader will observe that I used three different remedies to obtain a cure; although one, *Nux vom.*, in this case, might perhaps have sufficed. My experience teaches me that in very chronic cases the repetition of the same remedy, even in different dilutions, is less advantageous. I am in the habit of allowing each remedy its full time to exhaust its activity without repeating it, if the first dose acts favorably. I prefer to continue the treatment with similarly acting remedies according to indications, and I cannot complain of the success of this system.

In both cases the treatment began with *Nux vom.* We find among the symptoms of *Nux vom.* (*Jahr's Symptomen Codex*, II., 381): tearing in the malar bones, on one side of the face, with swelling; twitching in the facial muscles, in the evening, in bed; darting pains in the teeth, with sensation as if the gums were swollen; darting pain in the teeth, with jerking in the ear, also twitching and screwing sensation in the ear; coldness of the lower limbs, particularly the thighs, even in bed; paralysis of the arm, causing tumult and shocks in the arm, as if the blood would start out of the vessels; paralytic aching pain in the middle of the right forearm, externally; falls asleep late in the evening; anxious moaning during sleep; chilliness with headache, etc., etc.; thus proving the justification of this selection; but the question still remains to be studied, did *Nux vom.* do something towards the cure of these cases? Hanstein denies it in his case; the Belgian physician considers its action beneficial in his case.

Looking at the physiological action of this remedy, we are astonished to find so much contradiction among authorities, and especially that they consider strychnine the equivalent of the whole nut. Here again we may admire the genius of Hahnemann, who teaches us that the totality of the symptoms of a remedy can only be elucidated by experimenting also with the remedy in its totality, and not with solitary parts of it,

though the same might be acknowledged as the active principle. If we consider *Nux vom.* as a stimulant of the functions of the nerves emanating from the base of the brain and of the spinal cord, we can easily understand, how in its primary action it may produce and also cure a facial neuralgia, and how secondarily it may cause and cure a paralysis. Its direct action on nerve-fibres Matteuci, Courty and others have shown by their experiments, and it cures paralysis only by stimulating the nerve-centres. That it excites the sensory nerves as well as the motory ones, its action by large and poisonous doses proves; for all tetanic symptoms are aggravated by such trivial causes as a breath of air, a slight noise, a movement of the bed-clothes, etc.

May not Dr. Hanstein have failed in curing his case by giving *Nux vom.* in too low a potency? His patient being a very sensitive, irritable woman, her whole diseased state shows a hyperæsthesia, which might respond to a ⁵⁰ or an ^m potency, but would certainly remain untouched by the third dilution.

Calcarea carbonica, the great remedy for mal-nutrition, was used by both physicians, who ascribed their cures to its action. In looking for it in the "*Chronic Diseases*," we become convinced of its homœopathicity to the cases. We do not know whether any person was ever poisoned by the use of oyster-shells, and yet how thorough, how penetrating its action, when homœopathically prepared and homœopathically indicated. We do know that carbonate of lime enters largely into the composition of the human body, and exercises a deep and pervasive action on the organism. We believe, with Hughes, that it controls rather the constitutional faulty diathesis than the local manifestations emanating from it. If it cured, after the failure of *Nux* and *Sulphur* (*Mercurius* was a wrong prescription), Dr. Hanstein's case of facial neuralgia, we can only explain it on the above basis; that by giving an impulse to the rectification of the faulty nutrition, the nerves were supplied with more healthy food, and thus the diseased nerves were brought back to their normal state. Van Den Neuken is of the same opinion, for, although the paralysis was removed by *Nux* and *Urticarin*, he still considered it necessary to give a dose of *Calcarea*, in order to strengthen the cure, as his patient was chronically affected with portal congestion.

A. R. Wright, M.D., publishes the following case. (*N. Y. State Society's Transactions*, XI., 292): "For more than ten years I have had occasional attacks of palpitations, at times very

severe. Any unusual physical or mental exertion which caused weariness, would induce an attack, the immediate exciting cause being a sudden shock, as a misstep in crossing the street, jar of cars crossing rails at right angles, sitting down low in an unguarded manner, any exertion with the arms stretched over the head; still the attack *might come in sleep*, connected with fright or anxiety in dreams.

"The symptoms are: rapid action, pulse 110 to 120, full and strong; an uncomfortable sensation at the pit of the stomach, as if falling; *suffocating constriction of throat*, with full throbbing carotids. A desire to lie perfectly quiet on the back. During and after the attack, great anxiety, fearing some organic lesion of the heart, which will cause sudden death.

"Formerly I used Aconite, Belladonna, Lachesis, with some relief. Later I have used *Cactus grand.* with almost immediate relief, often in five minutes, seldom past fifteen. The 3d, 30th and 200th potencies give like prompt results."

In the pathogenesis of the Night-blooming Cereus we find: Extreme and continuous fear of death; pulsations in the ear day and night; constriction of the throat preventing swallowing; heaviness in the stomach after eating; distressing sensation in the bowels; constriction in the chest, as if a cord were tied around it; painful constriction around the pelvis, gradually extending upwards to the stomach, etc.; functional disorders of the heart from mental emotions, acute and chronic palpitations, etc.; aggravation from the least motion, only perfect rest brings relief.

Dr. Thomas Buzzard (*Syphilitic Nervous Affections*, p. 22) remarks, that the most significant of all symptoms which point to *spinal-cord disease*, is the sensation of a hoop, or constricting band, around some portion of the trunk. I have seen this symptom referred in various cases to every part, from a segment immediately below the axilla to one around the pelvis. and I have never known it occur in any form of brain affection. *It has always been a symptom of lesion of the cord or membranes.* A sensation of somewhat similar character is occasionally described by chlorotic patients; but under these circumstances it is never so strongly marked.

Scudder (*Specific Medication*, 101.) believes that the influence of Cactus seems to be wholly exerted on the sympathetic nervous system, and especially and through the cardiac plexus. It is neither a stimulant nor a sedative, but influences rather

a regular performance of function, and improves the nutrition of the heart. If so, its action must depend on the nerve-fibres of the sympathicus coming from the spinal cord, for we know that each spinal nerve is brought into relation with the sympathetic through two strands, a tubular or white and a gelatinous or gray: the former consisting of motor and sensory filament; the latter, as it were, acting as its regulating power.

Burt (*Characteristic Materia Medica*, 100) truly remarks that in diseased states that call for the use of Cactus, there will always be found more or less derangement of the heart. *The patient will be greatly reduced in flesh*, with great nervous excitability. Dr. Lippe (Hughes' *Pharmacodynamics*, 176,) states that he has frequently cured with Cactus the pressive headache in the vertex so often met with *as a result of menorrhagia*, and Hughes has cured with it the similar headache of menopausia.

As Dr. Wright suffered from palpitations when worn out by mental and corporeal exertion, so that even his sleep was unrefreshing, we cannot see how he could expect a cure from mere palliative remedies. What is the action of *Aconite*,² considered by the old school as a powerful sedative? According to Headland it depresses the influence of the brain and paralyzes all the nervous functions, and Ringer (*Handbook of Therapeutics*, 364,) points out that Aconite may do harm where there is great weakness and the heart beats feebly. Indeed, in the treatment of inflammations, the thermometer and Aconite should go hand in hand; for no acute inflammation can exist without preternatural heat of the body. It is indicated in all cases where it is needful to subdue vascular excitement, and it may be given in precisely those cases *which were formerly treated by bleeding*. Late researches and experiments demonstrate that in all inflammatory conditions the capillary system becomes paralyzed. And we know the same of Aconite; which exerts its influence profoundly upon the delicate arterial capillary vessels, and so paralyzes their action as to produce congestion and inflammation.

We freely acknowledge the *apparent* similitude of Aconite to Dr. Wright's case; for we find (Allen's *Encyclopædia*, I, 30) among the symptoms: palpitations with great anxiety, difficulty of breathing, and weariness in all the limbs. But it causes at the same time, also: sensation as if something rushing into the head, with confusion and *flying heat of the face*; palpitation and anxiety, with *increased heat*, especially of the

face; palpitation relieved by quiet, aggravated by walking; great weariness, as if after walking far, etc., etc.

Can we wonder that so many of our young physicians complain that in studying up a case in our *Materia Medica* they find many of the symptoms of that case in nearly every remedy, and that their head whirls before they are able to make a selection. Just here is the point where the physiological (or rather pathopoetic) action of a remedy comes in to decide the selection. In the case above we have chosen *Cactus* before *Aconite*, as the former is the type of exhausted life power, whereas *Aconite* gives us only the feature of suppressed nerve power.

Belladonna gave some relief, without curing the case. Now the primary action of the deadly night-shade is excitability, and the reaction only weakness and a paretic state. According to Brown-Sequard, *Belladonna* is also a stimulant to the capillary circulation, producing marked contraction. Scudder (*l. c.*, 87) sums up the special uses of *Belladonna*, where we find enfeebled circulation, with stasis of blood (*passive congestion*?). Hughes (*l. c.*, p. 136) considers *excitement with perversion of function* the characteristic of *Belladonna*, which is more of a cerebro-spinal than a ganglionic remedy; and we agree with Marcy and Hunt when they say that *Belladonna* cures only those diseases of the splanchnic nervous system in which there are more or less brain symptoms; the action of *Belladonna* takes the hemispheres for a central point from which all the other symptoms radiate.

Looking at the symptomatology of *Belladonna*, we find oppression of the chest, but no constricting sensation, neither of the heart nor of the thorax, the palpitations are a kind of bubbling sensation, increasing during motion, with difficult and slow breathing, as if the heart contained too much blood. (*Lilium*.) The pains from *Belladonna* are all from within outwards, whereas the constricting sensation of *Cactus* goes from outside inward. The head feels in *Belladonna* as if the brain were stunned and heavy, as from intoxication. We need not wonder at the coldness of the feet, when we consider the stasis of the blood in the central organs, producing in the head, according to its degree, delirium or coma.

I cannot see how *Lachesis* can be indicated in functional abnormalities caused by weariness; and although hereditaryness may give a plausible excuse, as the mother and others of the family of the worthy doctor suffered from angina pectoris, still the indications do not correspond in their totality.

As Teste considers Lachesis the chronic Belladonna, he gives us the hint thereby that in the former we have already to do with a constitutional ailment, with a blood poisoning simultaneously affecting the nerve-centres. Toxæmia is the characteristic of this remedy, and no wonder that we find it so valuable during climaxis, for menstruation has been truly called a purification. Malignancy is another of its characteristic phases. In its heart symptoms *weakness prevails, with fear of suffocation*, the blood globules too, fail to remove their oxygen, the nerves are without their nourishment, and the palpitations of Lachesis are therefore combined with weakness unto fainting. Lachesis might palliate, but could not cure this case; for the palpitations and weariness in the case were spinal, and it needed a remedy which nourished and strengthened the spinal cord; and such a one we find in Cactus.

S. LILIENTHAL.

GLEANINGS FROM FOREIGN HOMŒOPATHIC JOURNALS.

EXTRACTS FROM THE REPORT OF THE MEETING OF THE PHYSICIANS OF SOUTH GERMANY AND SWITZERLAND, AT SCHAFFHAUSEN, *September, 1874*. Dr. Schädler speaking of cardiac remedies, recommends :

Spigelia^{6,12} decimal dilution in peri- and endocarditis, complicated with rheumatism; stitching, pressing pain in the cardiac region; wavy motion of the heart; sensation of suffocation by the least motion; hypertrophy of the heart with insufficiency of the bicuspid valve.

Cactus grandiflorus^{1,12}. Fatty hypertrophy of the heart; severe palpitations, with attacks of suffocation when lying down; constriction of the chest; sensation as if the heart were clasped in a vice. Angina pectoris.

Digitalis^{3,12}. Slow pulse, excessive debility and sensation of fainting; frequent urination at night; salivation at night; palpitations; dyspnœa; vertigo.

Lycopodium^{30,200}. When typhus symptoms are present: neck drawn to the right side; trembling beating of the heart; pulsating tearing in the cardiac region; stitches on the left side of the chest.

*Natrum mur.*³⁰. Frequent palpitations during movement; flickering before the eyes; a crawling sensation all over the body, beginning at the feet and gradually ascending; sensation as from the pressure of a nerve (getting asleep); severe

pressure below the heart in the evening in bed; sensation of weakness, exhaustion and heaviness.

(Prof. Dr. Rapp cures with *Natr. mur.*³⁰⁻²⁰⁰, especially *fluor albus*. Great success with women who visited salt-springs, but returned no better; *fluor albus* with excessive debility.

Kali carbon.^{6.30}. Dyspnoea with severe and irregular beating of the heart; the whole body, as it were, pulsates; frequent and severe palpitations, especially in hysterical women; excessive menstruation of bright-red blood.

*Veratrin*⁴. Severe palpitations, with chorea.

Kalmia latifolia. Palpitations; dyspnoea; articular pains; stitches in the lower part of the chest; hypertrophy of the heart, with thickening of the valves; right-sided prosopalgia.

Prof. Dr. Rapp recommends *Coccus cacti* as acting similarly to *Cantharides*, and prefers the trituration to the dilution, as containing not only the coloring matter but also the ethereal oil and formic acid. It acts splendidly in spasmodic difficulties of the chest, with renal pains.

He also recommends as remedies *acting on the spleen*: *Carbo veg.* Griping, squeezing pains in the splenic region; bloatedness; abdomen tense and full; gurgling and bubbling in the abdomen; momentary stitches coming on rapidly and passing off with the same rapidity. *Conium*^{3.12}, pressing, tensive pain in the hypochondria; painful tension, like a constriction around the hypochondria. Stitching pains in the hepatic region; excessive colicky pains; dry, spasmodic, tickling cough at night, with pressure in the chest, with simultaneous glandular swellings.

In speaking of high potencies, Dr. Rapp has cured syphilitic affections with the thirtieth potency.

In cases where syphilis and psora are combined, he gives from the sixth to the thirtieth, always considering the complication. When this is removed, high potencies will cure the syphilis.

Dr. Schædler recommends *Apis*³⁰ in scrofulous ophthalmia; he never saw any benefit from low potencies. In ovarian cysts, *Apis* removes first the cause and then the organic disease.—Translated by S. Lilienthal, M.D., from *Hom. Klinik*, Nov., 1874.

POISONING BY OSMIC ACID.—At the meeting of the French Institute, June 1st, St. Claire Deville presented a flask containing eight kilogrammes Osmium, with the following remarks: Fierny, who discovered Osmic Acid, called our

attention to the deleterious influence of Osmic compositions. Deville himself, in manipulating Osmic acid, was frequently taken with obstinate attacks of nervous asthma; Debray suffered severely in his eyes; Julien Clement caught a singular skin disease, which persisted for a long time.

In the clinic of Prof. Vulpian, a death took place, which could be ascribed to the action of Osmic Acid; and we give now the principle symptoms observed on the patient, and the result of the autopsy. —X., æt. 30, pasteboardmaker, out of work at his trade, entered toward the end of last year, as laborer, the laboratory of Prof. Deville. He relates (the chemical nomenclature in his own): We work the standard metre, and thus handle large quantities of Osmium; blocks containing Platina, Iridium and Osmium are used; when prepared they are treated with Nitrate of Baryta, forming Osmiate of Baryta, which is again treated with Nitric Acid in order to get Osmium; for his own preservation he used Sulphydrate of Ammonia.

He had never been sick, never had syphilis, always sober, but soon began to complain of severe pains in his eyes, although vision was not diminished; at night he slept heavy, laborious, interrupted by nightmare; towards the latter days of February, an abundant eruption appeared on the surface of the forearms, head, and on the side of the face.

A little before that his digestion failed, and abdominal symptoms appeared up to the time of his entrance into the hospital; nine or ten diarrhœic stools daily, preceded or followed by colic, and nearly always accompanied by a discharge of a quantity of black blood, estimated by the patient at two to three centilitres. He never had hemorrhoids. Since his entrance in the laboratory of Deville, he suffered from violent, obstinate headache, which nearly deprived him of sleep. Fifteen days before entering the hospital he complained of nausea, but without vomiting, as often as he coughed.

About ten days before his admission he was taken with fits of dyspnœa, one day he felt better, the other day worse. He entered the hospital, April 1st.

In examining the patient the difficulty of breathing impressed me most; he seemed to be threatened with asphyxia. The skin is hot, dry; thermometer 40°S (105°F .) Examination of the chest shows the existence of a general bronchitis; on the left side, extensive pneumonia. The skin of the fore-

arms and of the head sprinkled over with large and small papules of a red or brown color; the epidermis raised in flakes. Large quantities of albumen were found in the urine. He grew constantly weaker. The temperature kept up to 40° (104); albumen was constantly found in his urine; and the pneumonia offered that ominous characteristic of being wandering (mobile. Vulpian), so that one part of the lung was at one time more affected than another, and vice versa.

The autopsy revealed that the left lung was transformed into a homogeneous lump. On slicing it we found gray hepatisation in certain points; in others the inflammation was only in the second degree; and again in others we found only detritus looking like the lees of red wine, in small fragments; in one word, a formation of a gangrenous cavity.

The bronchial ganglia were increased in size, reddish and flabby.—The kidneys were in the second degree of Bright's disease.—The other organs appeared normal, except the stomach, which showed at the great curvature ecchymotic spots of the size of the hand. The histological examination of the lungs and other viscera and of the nerves was made in their fresh state, but nothing special was discovered. Dr. Personne, one of our best chemists, made the chemical examination, and could not discover the osmic acid in the tissues. The histological examination of the skin, made on the spots after hardening the part, shows that the sheath of the vessels in the derma and in the papillæ was sprinkled over with numerous nuclei; the same state existed in the nerves, and there was in fact an active proliferation of the elements of the skin. Cuts of the hardened lung show the pulmonary alveoli filled with pus globules, fine granulations and nuclei. The renal epithelium was in a state of gray degeneration.

The case of poisoning by osmic acid was clearly made out. The symptoms of the eyes, of the nervous centres, of the intestines, of the skin, and finally the serpiginous pneumonia with tendency to gangrene and which quickly destroyed a young man of robust health and the renal lesion are all symptoms which deserve further study by the members of our society.—Translated by S. Lilienthal, M.D., from *Bibliothèque Homœopathique*, August, 1874.

ELATERIUM. Oct. 13th.—A little girl, said to have jaundice, presented the following symptoms: Intense fever; pulse hard and frequent, (120 per minute); respiration accelerated; frontal headache; burning thirst; tongue white; mouth bit-

ter; general debility; yellow color of the skin and of the sclerotics:—symptoms that left no doubt that the disorder was acute jaundice. Aconite⁶, in solution, was given every three hours; strict diet, etc., etc.

Oct. 14th.—At night and after some hours of copious perspiration, the fever disappeared, and with it the greater part of the symptoms; the patient remaining tolerably well until five o'clock of the afternoon of the 15th, when chills appeared, preceded by stretching and yawning, which lasted an hour, and were followed by nausea, vomiting, fever, headache, violent pains in the abdomen and limbs, and watery evacuations. This state continued till three o'clock of the morning of the 16th, when it disappeared, likewise, after a copious sweat. The same scene, with similar symptoms, returned about five o'clock of this day.

Oct. 17th.—The second paroxysm, making its complete apyrexia at 2 P. M., left no doubt that the disorder had assumed the character of a quotidian intermittent; the tongue notwithstanding continuing white, the taste bitter and the yellow color of the skin and conjunctiva becoming more plain. She complained of much burning-itching over the body; the urine continued dark, and the stools, accompanied with violent pains in the abdomen, were frequent and watery; the perspiration stained her clothes yellow. *Elaterium* 6, dissolved in water, was given every two hours, during the apyrexia. The fever left on the second day of the treatment; the jaundice disappeared so rapidly, that no trace of it remained on the 24th day of the same month, when the patient was last seen by the physician.—Dr. Francisco Firmat. *El Criterio Médico*. XV. 204.

MUDAR.* March 14th, 1873.—M. C., æt. 60, robust, well-built, had suffered for three years. On various parts of the left leg spots appeared, so much inflamed that he believed them to be erysipelatos; over them presently arose little blisters, accompanied with pain, burning and itching so intolerably that he could not help scratching. This was doubtless the cause of the excoriations or ulcers, which increased in size and became covered with such intractable crusts that, in spite of all the medicines he had taken, including Sulphur Mineral-waters, and in spite of the ointments and fomentations externally applied, he had grown worse from day to day, until it was almost impossible for him to move. On inquiry, I found

* Mudar: see Dunglison's Med. Dictionary.

that he had had the itch some years before, which had been promptly got rid of by unctions prescribed by a physician.

The leg was very large, hard, and of a livid red color, and according to the words of the patient, as heavy as lead. The eruption extended from the foot almost to the knee, and was covered with thick crusts, some yellowish, others blackish, and cracked, from which flowed, without cessation, an acrid serosity of a detestable odor.

Useless were all the numerous medicines employed for three months; among them, Sulphur, Dulcam., Rhus tox., Sarsap. Arsen., Petrol., Staphis., etc. The only result was that from time to time the crusts were detached. But in their place remained a moist surface which became covered with new vesicles; these supplied a yellow and corrosive humor, which changed into crusts similar to the first, and undergoing the same metamorphoses. Mistrusting the advance of a disorder that failed to yield to the apparently indicated remedies, I prescribed, August 24th, *Mudar*,¹² in solution, thrice daily. Great was my surprise when I observed after a few days of this treatment, that the crusts ceased to discharge, that they gradually dried up, and were beginning to fall off. In two months no crusts remained upon the leg, which however, remained somewhat swollen, scaly, and of a livid color. For another month I continued to give the *Mudar* thrice daily, in which time the tumefaction disappeared, and the skin became smooth, although retaining a darker color. More than four months have since elapsed, but the patient has had no return of his disorder. Dr. Francisco Firmat. *Ibid.*

CANNABIS INDICA IN TONIC SPASM OF THE CERVICAL MUSCLES. On the 27th of April, 1869, I was consulted by Miss S., a healthy girl æt. 13. She had not yet menstruated. In September last while at class her chin was suddenly drawn down to the top of the sternum. She was told to lift up her head, but could not. This state of things lasted about four days. There was no recurrence of the symptoms till January, but it came on in February and March, and twice during this month. She is just now getting better from an attack. It begins suddenly, lasts three or four days, and then slowly subsides. By a little force, which gave pain, I got my finger under the chin, and felt the depressor muscles tightly strung. There were no other symptoms. R.—*Pil. Cannabis indica*²; one pilule to be taken each night, and one every four hours during a seizure.

Oct. 20th, 1870. No attack has happened since I first saw her. She has been all along in good health. Menstruation has just occurred for the first time.

Two considerations led me to give *Cannabis indica*:—

First. As menstruation had not yet appeared, and as the symptoms were periodical, it was likely that the starting-point was the womb.

Second. It looked like a miniature edition of catalepsy.

In turning up what was known of the Indian hemp I came across some fragmentary provings by the late Dr. Norton, in the *British Journal of Homœopathy*, Vol. XVII., page 446. He says: "At last I was obliged to yield myself to sleep. Before falling asleep, the lower jaw was stiff and immovable. N. B.—My wife says that when I was asleep I looked stiff as if dead, with the lower jaw down." Here we have a state of things closely resembling that exhibited by my patient.

The case is further interesting as confirming the practical value of the symptoms narrated by Dr. Norton. The cure was probably due to the medicine, as the trouble did not come on again, and the menstruation was not established for eighteen months later. C. W. Kitching, M.B., *Monthly Homœopathic Review*, Jan., 1875.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES, PA.

REPORTED BY T. PRATT, M.D., SEC'Y.

The October (quarterly) Meeting of the Society was held at the Bingham House, Philadelphia; the attendance being good. Dr. Mahlon Preston, of Norristown, Pa., read a paper, which was followed by a discussion. The paper was on the treatment of

DYSMENORRHŒA.

Dr. R. Smedley had treated a case which resembled membranous dysmenorrhœa. There were discharges of what appeared to be croupous depositions with the menstrual flux. Kali bichromicum cured the case. Similar mucous-like discharges occurred per anum.

Drs. Martin, Morgan and M'Clatchey, of Philadelphia, and Griffith, of Manayunk, being present, were invited to participate in the discussion.

Dr. Hawley stated that in a severe case of dysmenorrhœa he had effected a cure with *Senecio gracilis*, 3d decimal; but for some cause an immediate effect of the prescription seemed to be, a suppression of the menses and the appearance of *chlorotic* symptoms, for which a few doses of *Pulsatilla* were prescribed; the case then terminated favorably.

Dr. Coates Preston confessed to having failed frequently in giving relief in dysmenorrhœa, and he attributed the cause to the existence of displacement of the womb, flexions of the neck or depressions. He had found most benefit from the use of high potencies, and he especially called attention to *Sepia* 2^o and 6^m as having afforded very marked satisfaction in these difficulties. Repeats frequently; the single dose does not do, according to his experience, in these cases. *Sepia* probably cures more cases of displacement than any other single remedy. He thought relief for dysmenorrhœa would generally follow the use of such remedies as will cure displacements.

Dr. Hoopes stated that he also had found most satisfaction from frequent repetitions of the dose.

Dr. Martin thought marriage relieved many cases of dysmenorrhœa. But married women who did not so suffer before marriage, sometimes have it.

He thought high potencies in this and other diseases could not only be used in repeated doses without fear of aggravation, but he felt it absolutely necessary to repeat in most cases of dysmenorrhœa. He had long since ceased to feel that alarm which formerly possessed him about aggravation on repeating the dose, when using high potencies.

A case of dysmenorrhœa, whose persistent symptoms were: drawing in the thighs and aching in the knees, with a sensation of being very tall, was very remarkably relieved by *Stramon*. This was the only medicine he knew of that had the last symptom, and it gave prompt and continued relief for several months, used high, and in the single dose. Subsequently the pains, without the peculiar feeling of tallness, returned, and were not relieved by a high, but by a low attenuation of *Stramon*. A case of membranous dysmenorrhœa, probably induced by excited sexual instinct—patient a young girl, had no hymen, but had a stricture of os uteri—was relieved but not cured by *Kali carb*. Digital examination always aggravated the catamenial sufferings in this case.

Incidentally attention was called to the good effect of

Kali carb. in cases of asthma, when the patient had an inability to lie back, but must lean forward all the time to get breath; ^{2o} and ^{1m} potencies are very efficacious in such cases.

Sepia he thought highly of in dysmenorrhœa, particularly when weakness and dragging in the back are present, with scanty flux. *Nux vom.* for cases with profuse menses coming on at night, breaking pain in the back, and constant desire for stool.

Dr. Morgan stated that he had great success in the use of *Sulphur* for after-pains which begin in the sacrum, pass around to the pubes, and run down the thighs. *Aescul hipp.* in dysmenorrhœa when the pain affects the sacro-iliac symphysis, and there is a feeling as though a separation would take place. A pain starts in the right ovary and runs through the hip to the back. *Ferrum* was recommended for catching pains in the side of the abdomen—the fundus of the womb found to incline to or lie in the side where the pain is experienced. The relation of *Ferrum* and *Sulphur* is to the right side, *Stramon* to the left.

Dr. C. Preston thought the last statement the opposite of published experience with these medicines, particularly of the last in coxalgia.

Dr. Morgan accounted for the discrepancy through a want of understanding of Dr. Hering's theory, that many remedies exert an influence on one side of the body in the upper portion and upon the opposite side in the lower portion, and vice versa.

He thought if the moral status could be changed it would change the great liability to dysmenorrhœa. Ungratified sexual excitement he thought a very prolific, and masturbation a terrible cause of it. Recommends the sitz-bath to counteract such excitement. Dress has perhaps more to do with the propagation of dysmenorrhœa than any other habit or transgression. The pressure of corsets and skirt-strings, with the dragging weight of skirts on the abdomen, displaces the uterus and weakens the spine; all other assigned causes are not to be compared with these.

Dr. Smedley said he was then treating a woman of middle age for frequent menses, without pain, but who has weakness of the limbs and fidgety feet; the blood flows passively. He had failed to effect any marked change.

Dr. Hoopes had had a similar case, excepting the fidgety feet, cured by *Calc. carb.*

Dr. Wood confessed his want of faith in medicines to cure dysmenorrhœa. Proper dress and a reasonably strict attention to hygienic rules are all such cases need. He referred to a paper previously read before the society, on female dress, which set forth his views on menstrual disorders and displacements of the womb.

Dr. Martin related a peculiar cure of dysmenorrhœa with supposed displacement, in which the patient was always better after riding on horseback, and on a rough-trotting horse; she had also scanty dark urine. *Lycop.* cured the case.

Dr. Hawley was acquainted with a lady who was in the habit of taking some violent exercise always to bring on the menstrual flux, which was preceded by excessive pain; had never thought of the circumstance as a remedial indication.

Dr. Martin thought it was; amelioration from riding on horseback was the indication in this case.

Dr. Preston asked for the indications for *Ustilago*. It is a much praised remedy for uterine hemorrhage, and he wanted some reliable guide to its use. *Phosphor.* in passive uterine hemorrhage he had often used with success.

Dr. Perkins said that anxiety regarding a case of cancer prompted him to break in upon the discussion with the inquiry: Had any one any knowledge or experience as to the efficacy of *Lapis alb.* in any form of cancer?

Several members thought the inquiry came too early, no time having yet been given to test the value of the medicine.

Dr. Smedley had cured four cases of epithelioma with *Arsen.*³

Dr. C. Preston mentioned a case of cancer in which tissue was destroyed to the depth of one-fourth of an inch, which was much relieved by *Lachesis*. *Lachesis* is indicated in epithelial cancers having a leaden hue.

Dr. Hawley, returning to the subject of dysmenorrhœa, stated that he had had great success in the relief of menstrual pains, and suggested *Senecio* as a very valuable medicine for such purposes. He adheres closely to homœopathy in treating all menstrual disorders.

Dr. C. Preston claimed much success in the relief of menstrual distress, but had to record his ill success in making radical cures. He mentioned *China*, *Bellad.* and *Pulsat.* as medicines which had come in very general use with him in menstrual troubles.

Dr. Hoopes stated that the treatment of dysmenorrhœa had

in general been unsatisfactory with him: *Nux vom.* and *Sulphur* had however rendered him much real service. Sulphur, beside the other symptoms, had the characteristic of bruised abdomen, and *Nux vom.* a sensation as though the back were broken.

Dr. Jones believed in first attaining a correct idea of the pathological cause, and conforming the treatment to that. To remove mechanical obstructions seemed the only plan to deal with this form of dysmenorrhœa, and he approved of meeting these indications mechanically. A tumor may form a valve-like obstruction to the egress of the menses and thus continually stop the flux. An extreme smallness of the cervical passage often just as effectually stops it; and the quickest and best means to get over these difficulties is resort to operative measures. *Lachesis* and *Iodide of Arsenic* had removed small enlargements in the body of the uterus.

Dr. Martin asked for experience with *Cimicifuga*; he had latterly got somewhat out of the habit of using it.

Dr. Hawley used *Cimicifuga* in cases of rheumatic or neuralgic dysmenorrhœa. *Caulophyl.* he also used with success, but could not give specific indications; he used it rather intuitively.

Dr. Perkins relied chiefly on *Caulophyl.* for after-pains.

Dr. Hawley gave *Caulophyl.* to facilitate labor, beginning about twelve hours before it begins. He finds it prevents hemorrhage and retention of the placenta.

Dr. Martin had also used *Caulophyl.* 3d decimal, to facilitate labor, and he thought it effective. A case of breech-presentation, which had been thus treated, came off without the slightest difficulty. Mentioned *Lilium tigr.* for bearing-down pain in the region of the left ovary, 1st decimal (in water) was the potency used.

Dr. Morgan found *Cimicifuga* effective for stitching pains across the hypogastrium, in dysmenorrhœa, and that it gave vigor to the pains during labor, rendering it easier and shorter; but he had observed a tendency to metritis in those cases where it had been used. *Collinsonia*, he presumed, from its great efficacy in hemorrhoidal affections, ought to be useful in dysmenorrhœa, but he judged its sphere of usefulness to be principally in membranous dysmenorrhœa.

Verat. virid. *Escul.* and *Helonias dioica* had been of use in the treatment of cases of membranous dysmenorrhœa, particularly where congestion was very great and fever high. In

this latter case, *Verat. virid.* especially with sensation of extreme soreness as of a boil in the uterine region. *Ascul. hipp.* was more particularly indicated by a pain flying from the hip around to the back. Helonias by a pressing pain in the sacrum and soreness of the breasts as a preliminary of menstruation. *Xanthoxylum* relieved after pains. *Kali. mur.* (Schüssler's) has helped some cases of membranous dysmenorrhœa.

Dr. Hawley spoke of a case of this type cured by Bryon.

Dr. Jones had had a prejudice against *Natrum mur.*, which had been dispelled by a cure of intermittent fever, which had continued for weeks for the want of this medicine. He was now prepared to believe more fully the wonderful pathogenetic record of this medicine. The discussion here closed.

Next in order was the election of Officers to serve the ensuing year, which resulted as follows:

Prest. Dr. L. B. Hawley.

Vice Prest. Dr. C. Preston.

Secretary, Dr. T. Pratt.

Treasurer, Dr. R. C. Smedley.

On motion, Dr. J. B. Wood was appointed scribe for the ensuing year.

After the treasurer's report was read and accepted, the society adjourned, to meet again on the first Tuesday in January, 1875.

HAHNEMANN ACADEMY OF MEDICINE.

REPORTED BY CLARA C. PLIMPTON, M.D., SECRETARY.

A REGULAR meeting of this society was held at the Ophthalmic Hospital, December 23d, 1874; Dr. A. K. Hills being called to the chair, in the absence of the President. Minutes were read and approved, and the following officers were elected to serve during the ensuing year: *President*, Dr. Jos. Finch. *Vice-President*, Dr. A. K. Hills. *Corresponding Secretary*, Dr. Geo. S. Norton. *Recording Secretary*, Dr. Clara S. Plimpton. *Trustees*, Drs. T. F. Allen, Sam. Swan, and Sam. Lilienthal.

POISONING BY ODONTOCROLL. Dr. Wood read from the *Philadelphia Medical Times*, the report of a case of poisoning by a preparation which is in use by many dentists, called Odontocroll, and is a combination of hydro-carbons. The

chief characteristics of its effects are: Sudden insensibility, respiration completely suspended, and complete anæsthesia, with no premonitory symptoms.

LAC DEFLORATUM IN CHRONIC CONSTIPATION. Dr. Schley related the case of a lady who had been subject to very severe constipation for about fifteen years. She had been in the habit of taking ten or twelve enemas every day, and often passed four or five weeks without action of the bowels. He gave Lac deflor. one millionth, every night for a week, when she had her first natural passage; and the improvement continued. He cited a similar case, in which there was also relief afforded.

Dr. Swan said he had had considerable experience in the action of this remedy in constipation. The characteristics for its use are: Frontal headache; deathly sickness, with or without vomiting; pale face in the morning, also the lips and tips of fingers are white; coldness over the whole body. In the higher potencies, he thinks, it has a very powerful effect upon the liver, as evinced by the white fæces. He would antidote it by using a still higher potency.

ELECTRICITY IN OVARIAN CYSTS. Dr. Ackleson, of Oberlin, Ohio, was present, and was invited to join in the meeting. He said he had but little experience in acute cases, as he had a Home for Invalids where chiefly chronic cases were treated. He makes a specialty of Electricity. Related a case of a woman with ovarian cyst, which he had treated by external application of electricity for about three months, and in that time the tumor had decreased from the size of a child's head to about the size of (the doctor's) fist. It is one year since treatment was discontinued, and there has been no renewed growth.

ELECTRICITY IN EPILEPSY. He also related a case of epilepsy of long standing, in which the man in the fifteen weeks before he saw him had had twenty-three convulsions. He was in his "Home" fourteen weeks, during the first five of which he had seven or eight convulsions, and in the nine weeks following he had none. He used electricity only in the treatment, making the applications by placing the negative pole in the coccygeal region, and the positive pole on the base of the skull.

ELECTRICITY IN CONSTIPATION AND TUMORS. He had treated one or two cases of extreme constipation with very satisfactory results, by passing the current from the cœcum over the

colon. In the case of a man having a large tumor on the breast, resulting from injury, he treated him in the bath, with the negative pole to the feet and the positive upon the tumor. After being under treatment for about three months the patient was almost completely cured. Several surgeons had been consulted previously, and had declined to remove the tumor.

Dr. Swan said that Dr. Terry had reported three cases of stricture of the urethra of long standing cured by galvanic treatment.

MYALGIA. Dr. Everett referred to a case she had mentioned at the last meeting, of a patient with constant pain in shoulders, of ten years' standing, which extended from shoulders to occiput and arms, and was aggravated by damp weather and motion. She gave *Veratr.*^{2c}, with slight aggravation after first dose and then relief. Dr. Finch suggested *Am. phos.* for pain in the shoulders extending up to the neck. *Chelidonium* was also suggested.

PSORINUM. Dr. Everett related a case of remittent fever with typhoid symptoms, followed by an eruption as of a small boil upon the fingers of the left, and then the right hand, and afterwards upon the gluteal region; the eruption was oedematous, scabbed over and in the centre looked like a clean cut; there was not much redness. *Baptisia* cured the fever. Dr. Swan recommended the snake poison for the eruption. Dr. Finch thought *Psorinum* might be useful to remove constitutional troubles and hasten improvement. He also spoke of cases where the eruption of measles had receded and was reproduced after the use of *Psorinum*.

HYDROCYANIC ACID IN HEMIPLEGIA. Dr. Swan related the case of an old lady of eighty years, who was paralyzed on the left side. She could recognize persons but was unable to speak; intermittent pulse and heart-beat; fingers cold; nose pinched, and eyes turned up. Hydrocyanic acid was given, with benefit.

HYDROCYANIC ACID IN LIENTERIA. Dr. Schley gave the case of a young lady who had diarrhoea of undigested food, especially after eating, and particularly a night and morning aggravation, which was cured with Hydrocyanic acid, after several other remedies were given without effect.

"GRAVE'S DISEASE." Dr. Wood then cited a case of Grave's disease where there were no symptoms until after the patient had had chloroform administered for some operation. One week after that her pulse beat about 250,000 times per day.

Dr. Draper gave her Digitalis, and her pulse was then over 200 per minute. She improved under Bell. and Conium, so that she can now work, her pulse being 140 per minute. The symptoms of the disease were: Very violent, tumultuous, and rapid action of the heart, goitre, and protrusion of the eyes. Dr. Swan suggested Tarantula. Dr. Norton said this disease often comes very suddenly without any apparent cause. He had treated two cases with Spongia, and one with Nitrite of Amyl, which has rush of blood to the face with excessive increase in the heart's action. The exophthalmos is considered to result from accumulation of blood in the cellular tissue of the orbit, and in one case where he had opened the chemosis there was much blood discharged.

Dr. Swan called it chorea of the heart.

Dr. Wood said the goitre had been successfully treated with electricity.

Dr. Swan thought that in the case related by Dr. Wood, if the disease was the result of chloroform, that drug, in the ^{100m} potency would relieve.

Dr. Norton said that Bromine had many symptoms similar to Basedow's disease, and that Dr. Allen had used Iodium and Spongia in its treatment.

BRYONIA IN RHEUMATISM. Dr. Swan said he had recently been "running up" Bryonia, when a lady in his house was seized with rheumatism in her knees, and after sitting had great difficulty in rising or moving. He gave her Bryonia^{500m}, and in less than two hours she was down town shopping.

Dr. Wood thought that such cases were often hysterical instead of inflammatory. Dr. Swan remarked that the case related was not an hysterical one. The society then adjourned.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

At the January meeting of this Society the Secretary called attention to an act of the Hospital Committee of the Guardians of the Poor discriminating in favor of allopathic and against homœopathic medical students in the matter of granting "Certificates of Attendance" on the clinics of the Blockley Almshouse. President Dudley related the results of interviews had with the members of the "Hospital Committee." The greater part of the evening was spent in discussion of

these matters, and resolutions were adopted demanding equal rights for all medical students.*

Dr. B. W. James then presented his usual monthly report as Scribe, as follows :—

NOTABILIA.

BUSHROD W. JAMES, M.D., SCRIBE.

WEATHER PROVING FOR DECEMBER, 1874. During the month past the atmospheric condition has been remarkably mild and even in temperature, and no violent storms have occurred; the weather has been fair, and most of the month clear and genial for a winter month in this climate.

The general tendency of diseases was to begin with sore throat, but the diphtheria that was prevailing at our last report has been much milder in type. The typhilitis continued but cases were not so numerous; some typhoid fever was noticeable early in the month, and quite a number of diarrhœas, gastralgias, enteralgias and neuralgias of face were observed, and also gastric disturbances, due probably to the effects upon the constitution of the *holiday* indulgences, when both adults and children are disposed to over-load the stomach. There was also a great disposition to sudden mortality among the aged. On the seventh, croupy and catarrhal cases occurred, and diphtheritics were worse for a day or two following. Then cases generally improved for several days. Then cases of hives, some erysipelas of face, some rheumatism and bronchial catarrh were more than usually met with. There has been observed during the whole month a peculiar class of cases of pseudo-scarlatinal character occurring mostly in children. (See note in another part of Notabilia.)—*Scribe*.

DIARRHŒA—DIPHThERIA. During yesterday and to-day (January 7th and 8th, 1875,) I have prescribed for seven cases of diarrhœa, with some pain but not much prostration, stools watery and in two cases bloody. Have many cases of sore throat occurring now. All my sore throat cases are accompanied with swelling of the tonsils (generally both), the uvula, the arches and the posterior part of the pharynx. There are in some cases slight patches of ulceration, but *no diphtheritic* deposit in any case that I have seen during the last two weeks. I almost always give Merc. bijod.¹⁰, every

* The Board of Guardians have passed resolutions doing away with the granting of these "Certificates of Attendance" to any medical students.

three or four hours during the first twelve hours of treatment. I use Lachesis 6th trit. in many cases. Does the use of "anti-diphtheritic" remedies in the early stages hold out any promise or possibility of preventing the exudation, or of keeping other diphtheritic symptoms in check? If other doctors are meeting with much more diphtheria than I am, does it not look as if there might be a cause for the difference? In diphtheria with acrid nasal discharge, Arum triph. should not be forgotten.

DIPHThERITIC HEADACHE. The throbbing headache, etc., of the early stage of diphtheria, can be relieved in almost every case by a hot mustard foot-bath, followed by wrapping up the limbs, including the thighs, in warm flannel. The relief is almost instantaneous. Most of our homœopathists seem to forget the value of this simple application.—*Dr. P. Dudley.*

REPORTING DISEASES. The animus for the following remarks is not a spirit of fault finding, but a desire to call attention to a habit which for years past has been growing in such proportions and to such a degree as to make it desirable that some change toward improvement be sought. The habit alluded to is that of reporting cases as "diseases" by name, without a carefully observed totality of symptoms. These reports usually read: a given number of cases of typhoid or other disease treated by Dr. ———, all cases cured by ——— medicine. This may be well enough for advertisement, but farther than this it serves no profitable end. Such a habit is productive of much mischief both in preventing us from having a substantial reason for its application in the same "disease" under similar conditions, and indirectly in gradually leading others to fall into the same footsteps to arrive at the same error.

Hahnemann truly says, "diseases are nothing more than changes in the general state of the human economy, which declare themselves by symptoms," and "as we can discover nothing to remove in disease in order to change it into health, except the *ensemble* of the symptoms," therefore this *ensemble* of available signs represent in its full extent the disease itself; that is, they constitute the tone, and only form of it which the mind is capable of conceiving. The totality of the symptoms, this image of the immediate essence of the malady reflected externally, ought to be the principal or sole object by which the latter could make known the medicines it stands in need of, the only agent to determine the choice of a remedy that would be most appropriate. In short, the ensemble of the

symptoms is the principal and sole object that a physician ought to have in view in every case of disease.

From these truths it is clearly deducible, that as no remedy has universal applicability, it becomes our most urgent duty to not only assert its power in overcoming a certain "disease," but to give the symptoms truthfully grouped of each case cured by it. In this way we will almost invariably in a short time arrive at some characteristic symptom or symptoms, either subjective or objective, or both, which will be, humanly speaking, an infallible guide to the administration of the said remedy in the said disease; while in addition thereto, we may in this way be led by analogy of symptoms to its use in a disease which pathologically is looked upon as belonging to an entirely different class. Instances of this fact have no doubt come under the observation of every observant practitioner.

Let the desirability of such careful report of cases as will positively increase our knowledge of the action of a remedy in a given disease, be thoroughly weighed, and the object will be carried out. Then others may utilize the material given at the first proper opportunity.

Let us not be governed by name so much as by description; for our typhoids, typhus, scarlet fevers, etc., are but Smiths, Jones and Browns, such large families that by mere names we have but a faint idea of how they look; we do know them to be of the family; but which one? Give then the individualities, the descriptive list; then we may apprehend the very fellow the next time he attacks one of our patients, and send the right officer to take care of him.

In order to illustrate this matter, let us take a glance at the individualities of *Lachesis*, *Lycopodium*, *Merc. prot. iod.* and *Merc. bin. iod.*, in their relation to diphtheria.

LACHESIS. Throat sore, worse on left side; swallowing difficult, fluids are swallowed with more pain than solids; frequently throat very sensitive to outward touch or pressure; tongue coated whitish and thin on anterior portion, shading into deep yellow, and thick towards and at the root of the tongue; breath offensive; aggravation after sleep.

LYCOPodium. Throat sore; fauces brownish red; pain worse on right side; aggravation from swallowing warm drinks; dryness of the tongue.

MERC. PROTIOD. Throat sore, worse on right side; swallowing difficult, warm drink causes much pain; tongue coated thick at the back part, looks as if a piece of chamois skin covered the posterior part.

MERC. BINIOD. Throat sore, worse on left side; swallowing painful, both of solids and fluids; fauces deep red; tongue coated yellowish, thick; gums and tongue more or less swollen and sensitive.

The distinctive features of these remedies are to a certain extent well known; nearly all here mentioned have been observed by or repeatedly corroborated by myself.—*Dr. A. Korndærfer.*

DIPHThERIA—NITRIC ACID SYMPTOMS IN. Case —. J. Waitt, æt. 19. At my first visit he complained of having had a violent chill the day previous, and the same day he had a great deal of pain in the throat, with nausea and vomiting, and great prostration. On examining his throat, I found several white patches on both tonsils, and a large elongated one on the back part of the throat. His breath was intolerable, the air in the room was sickening.

I gave him Iodide of Merc. 3d trit. (decimal) in a half tumbler of water, a teaspoonful of the solution every hour.

On the following day, I saw him between 9 and 10 o'clock, A.M. I found him much worse; prostration excessive, with violent pain about the lumbar region; the membrane in this short time had spread all over the throat and extended over the hard palate, deglutition had become very difficult, and a profuse discharge from the nostrils set in; he also experienced frightful fits of coughing.

The discharge from the nose was my indication for Nitric acid. I gave him the 2d dil. (decimal) sufficient to acidulate the water in the tumbler, to be taken every hour, about a teaspoonful in a wine glass.

He commenced improving the same day that I gave him the Nitric acid, and on the third day the whole of the membrane peeled off and came away. From that time he mended, and recovered entirely from the attack of diphtheria, and in about a week after went out apparently well. But about one month after his recovery; he took cold and a cough set in, and he coughed incessantly for nearly three months; finally he had a hemorrhage of the lungs, and died in a few minutes.

I have had several cases of diphtheria since then, and in every case either Iodide of Merc. or Nitric acid have proved successful.—*Dr. J. G. Houard.*

Quite a number of the diphtheria cases correspond to Muriatic acid and are helped by it. The Liquor calcis chlorinatæ, as mentioned in Dr. C. Neidhard's work on diphtheria,

is a valuable remedy in malignant cases. Carbolic acid will relieve many of the sequelæ of diphtheria and other blood-poisoning diseases.—*Dr. C. S. Middleton.*

In the far West, Kali bichrom is much used in diphtheria cases, and Merc. j. r. more by Eastern physicians, they finding their similars more in the Mercurials; and it is possibly due to a difference in the character of the cases in the different localities, as we know that climate affects epidemics somewhat, as well as sporadic cases of disease.—*Dr. J. E. James.*

LIQUOR CALCIS CHLORINATÆ IN DIPHTHERIA. As it is possible some confusion and difficulty may be experienced in procuring this preparation, recommended so highly (and so justly) by Dr. Neidhard, I deemed it not unimportant to give a history of my first effort to apply this agent in diphtheria; particularly as I have since learned that there are others who were equally unsuccessful.

Five years ago or more, after I had purchased Dr. Neidhard's book, I at once set about procuring a supply of this drug.

I went to a "first-class" drug store, and got a vial full of what I supposed to be Liq. calc. chlor., but which, after the lapse of five years, was found to be a solution of chloride of calcium.

I used this preparation for a number of cases of diphtheria, but the result was not at all satisfactory, and it was abandoned.

About four weeks since I was called to a family which had already lost one child, under the care of an Allopathic physician, and two more lay ill with malignant diphtheria. In one of these children the membrane had formed in the larynx to some extent when I first took charge of the case. No time was to be lost. I referred again to Dr. Neidhard's book, determined to try again the Liq. calc. chlor., took my little bottle to the drug store and told the druggist distinctly that I wanted "*Liquor calcis chlorinatæ*," which I supposed to be prepared from chloride of lime. He assured me there was no such thing in the pharmacopœia, and on examination of the label on the vial, he understood it to call for the solution of chloride of calcium, which was put up the same as I before had. This I prescribed, but I was uncertain and dissatisfied, and I determined to see Dr. Neidhard, so that I might be correct. My fears were well grounded. His assistant assured me that the remedy was prepared from chloride of lime, and he gave me some of their preparation.

One of the little patients alluded to died, the membrane having extended down into the larynx and bronchia: the other recovered, solely under the use of Dr. Neidhard's preparation.

Since the time above mentioned, I have prescribed Liq. calc. chlor., in thirty or forty cases of diphtheria, of all degrees, and the results have been of the most satisfactory kind: improvement in most cases beginning with the use of the remedy. In several instances where relapses had occurred from cases that I had just previously treated, where the posterior nares had become seriously affected, it acted like "magic," as the patients expressed it.

Dr. Neidhard recommended as much as fifteen drops put in half a glass of water, a teaspoonful to be given at intervals of ten or fifteen minutes in the most malignant cases: while in lighter cases, so large a quantity is unnecessary, four or five drops in half glass of water being sufficient.

As some of the editions of the U. S. Dispensatory have not the formulæ for the preparation of the liquor, it is appended. "*Liquor calcis chlorinatæ.*" Take of chlorinated lime one pound (avoirdupois), distilled water one gallon (imperial measure), mix well the water and chloride of lime by trituration in a mortar, and having transferred the mixture to a stoppered bottle, let it be well shaken several times for the space of three hours: pour out now the contents of the bottle on a calico filter; let the solution which passes through be preserved in a stoppered bottle. "Sp. grav. 1.035, Br."

That which was prepared by myself was filtered through ordinary filtering paper. Dr. Neidhard also makes a trituration.—*Dr. C. S. Middleton.*

SINGULAR CASES. From about December 1st, sudden attacks in children have been occurring, that looked somewhat like the premonitory symptoms of scarlatina, such as vomiting, fever, languor, sore throat and coated tongue, with red tip and edges, and some cases have a fine scarlatinal-looking rash on portions of the body, but in two or three days the patients will be well and running about as usual. Drs. Neville, J. E. James, McClatchey and Korndorfer, have all seen analagous cases recently.—*Scribe.*

OVARIAN DROPSY REMOVED BY PREGNANCY. Recently there have occurred two cases in my obstetrical practice, which go far to throw grave doubts upon the propriety of surgical operations in married child-bearing females who are afflicted with ovarian cysts.

Both these ladies had been married for a number of years, and they each had children about seventeen years of age, and one had a son over that period. Both had ovarian dropsy of the left side, and of very large size, when pregnancy occurred. Both gave birth to healthy, vigorous female children, and after parturition the ovarian enlargements were so much reduced that they scarcely could be detected externally; although in one the growth as well as a cardiac disease had existed for twelve years, and in the other case the tumor was observable for about three years previous to parturition. They were both naturally rather stout in figure, and of a nervous temperament, and in both instances they were sure they could not survive the pregnancy; and when they arrived at full nine months without any alarming or unusual symptoms (except some degree of lameness in one), they both made themselves ready to die in child-birth; but imagine their surprise to find that they did not even succeed in that, and further, that the terror of their lives, the ovarian tumor, had quite vanished.

One case, the most chronic, and the one afflicted with heart disease, was confined nearly three months ago, and has been nursing her infant; but no sign of a re-enlargement of the tumor can as yet be detected. The other case was delivered three weeks ago, has no milk for her infant, nor is there any evidence of an increase of the growth, which is only as large now as a full-sized orange.

The first case had an easy delivery, and recovered speedily and well. The other case came near dying in parturition from a sinking of the vital powers. Stimulants and China restored the flagging vitality. The growth obstructed the passage of the head, and although the hand could be introduced posteriorly within the dilated os and grasp the head, it was held fast by the dwindled remaining tumor coming down on the left and locking the head firmly against the right side.

I sent for counsel, and Dr. R. J. McClatchey kindly and promptly responded. The woman's pulse having returned, and the pains being renewed, we determined to deliver her at once with the forceps. After some considerable effort and manipulation, Dr. McClatchey succeeded in forcing up the tumor so as to free the right side of the head sufficiently to enable the blade of the forceps to pass up, and at the next pain the head was with some traction delivered. The case made a good recovery.—*Scribe.*

MYGALE CUBENSIS IN CHOREA. A boy, æt 8, was afflicted

with St. Vitus dance for three years. His parents, after having tried during this period the old school treatment without any benefit whatever, finally applied to me. He had the following symptoms: Constant contortions of the face; throwing his head backwards and then forwards with a jerk; he could with much difficulty carry his hands to his mouth, and attempting to do this occasionally, his hand would be thrown over his head or to the side of his face; he often complained of feeling oppression and difficult breathing; restless at night during sleep; he had become thin and emaciated.

I gave him *Mygale cubensis*, 3d decimal dil. Morning, noon and evening, he took this medicine for six weeks, and at the end of this time he was entirely restored to health, and has continued up to this date, now over five months, to gain in flesh, and looks perfectly well.—*Dr. J. G. Howard.*

SANGUINARIA CAN. IN RHEUMATISM OF THE SHOULDER.
I am under the impression that I have before called attention to the use of *Sang. can.*, in muscular rheumatism of the shoulder. In a proving by a medical student, now in my possession, the symptoms of muscular pains in and about the shoulder-joints, and especially in the deltoid muscles were most marked. This led me to the use of the blood root in cases with similar symptoms, and with very prompt curative results. During the past damp fall we have had an unusual number of rheumatic cases to treat, and among the most unpleasant of these were cases in which the pains were confined to the shoulder, the shoulder-cap and the cervical region. The neck was stiff and pained greatly on movement; the trapezius was sore under pressure and painful at every movement of the head or shoulder; the deltoid and biceps were very tender of pressure, and so sensitive by use that it was impossible to raise the arm from the side. These cases, in my hands, were very promptly relieved by *Sang. can.*

The following very recent case will illustrate: Yesterday I was called to see *Eliza D—*, a young lady of rheumatic tendency, who suffered from the above mentioned symptoms. Her right arm hung at her side or lay on her lap, as helpless as though there had been a fracture of the humerus. She could not raise it an inch without assistance from the other hand. I gave her *Sang. can.*, ten drops in a half tumblerful of water, to take a teaspoonful every three hours. I called to see her this afternoon, and found her braiding her hair before a glass, using both hands, the pain and soreness and

inability to move the arm having gradually abated from the first dose, until entirely removed. This is but a representative case.—*Dr. McClatchey.*

IODIUM AND CINNABAR IN CHRONIC NASAL CATARRH.
I would recommend to the members the use of these two drugs in chronic nasal catarrh occurring in children. The disease is very prevalent, is very difficult of cure, and is a great scourge to a child as well as to an adult. I have had better success with the above medicines than with any and all others, including Sulphur, Potash, Mercury, Aurum, Elaps. and Kali bich. I gave them according to the symptoms laid down for each. The provings of Cinnabar by Dr. Neidhard and his assistants are very valuable. It is a drug much neglected, and is deserving of study. A valuable practical treatise on chronic catarrh of the head is yet to be written, and if it be valuable and practical when written, its author will deserve well of his countrymen for aiding them to be relieved of one of the greatest curses of the land.

The symptoms indicating these remedies scarcely need be given here, as their pathogenesies are readily accessible. One symptom, however, I will mention, as specially indicating Cinnabar, viz., a sensation of pressure and weight at the root of the nose and over the zygoma and temples; a sensation similar to what one experiences on putting on a "weighty pair of spectacles by one unaccustomed to their use," as it is expressed in the language of the pathogenesis.—*Dr. McClatchey.*

PUBLICATIONS RECEIVED.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA. *A Record of the Positive Effects of Drugs upon the Healthy Human Organism.* Edited by TIMOTHY F. ALLEN, A.M., M.D., etc. With Contributions from Dr. Richard Hughes, of England, Dr. C. Hering, of Philadelphia, Dr. Carroll Dunham, of New York, Dr. Ad. Lippe, of Philadelphia, and others. Vol. I. *New York and Philadelphia:* Boericke & Tafel. Pp. 622.

The success of homœopathy as a system of curative medication depends entirely upon the extent and purity of its Materia Medica; and hence the agitation which seizes the practitioners of that system at every effort to enlarge, "purify" or modify the drug pathogenesies upon which they are compelled to rely in the selection of remedies, and the suspicion with which they are apt to regard all new publications purporting to be treatises on Materia Medica. For nearly twenty years American homœopaths have been wishing for, and yet dreading the appearance of a work that should take the place of the "*Symptomen Codex*," and by bringing the knowledge of drug-action up to date of publication, be to them what "*Jahr's New Manual*"

was to those who, in 1848, hailed its publication as a consummation for which *they* had devoutly wished. And the eyes of all who thus *wished* were turned in one direction. One man was regarded by all his fellows as best fitted for the task—the gatherer and preserver of all *Materia Medica* lore; the great scholar; the profound thinker; the living Encyclopedia of Knowledge; the venerated and venerable Dr. Hering. But, alas! those who *wished* did nothing more. They bound heavy burdens, grievous to be borne, and laid them on men's shoulders; but themselves would not move them even with a finger. And so it came to pass that the veteran gave up his self-sacrificing task, and turned his attention in another direction, to benefit his fellow men by creating a *magnum opus* that shall be a never-failing fountain of therapeutical knowledge. Fortunately, however, the *wishers* for a new *Materia Medica* were given another chance. Bold publishers issued their prospectus, in which they promised to do thus and so *provided the profession wished it, and would signify such wish by a substantial method*. And an equally bold editor was found,—one with youth and energy, knowledge and ability, courage and consistency, all of a very high degree—whose services were secured, subject to the important proviso above stated. That this great but once apparently dubious undertaking is to be successful, the splendid volume now before us gives ample evidence. And we now propose to devote a portion of our space to a brief consideration of this volume, solely for the benefit of those of our readers who are not fortunate enough to possess it. Those who have the work do not need that any one should tell them of its great merits.

The term "*pure*" as applied to *Materia Medica*, was first used by Hahnemann. He certainly did not mean to have it regarded as expressive of perfection or of spotlessness, but rather as stating that in his *Materia Medica* there were no voluntary fictions, experimental cures, preconceived opinions or abstract ideas recorded. Dr. Allen has termed his work "*The Encyclopedia of Pure Materia Medica*," with the explanatory title of "*A Record of the Positive Effects of Drugs upon the Healthy Human Organism*." We may judge, therefore, that he uses the term "*pure*" in the same sense that Hahnemann did; and he tells us, in his "Introduction" that "The sources from which this compilation has been made are three. *First*. Experiments made upon healthy individuals for the purpose of noting the effects of the drug. *Second*. Effects observed after poisonous doses (accidentally or maliciously administered). *Third*. Symptoms (cautiously admitted) observed in the sick after the administration of the drug;" "and to these," says our author, "may be added a *very few* symptoms which have never been observed as effects of drug-action, but which have been so repeatedly verified clinically, that they clearly indicate the remedy." The first and second sources mentioned, viz.,—the voluntary *proving*s and the effects of poisonous doses, are the legitimate sources from whence flow the pathogenisies which constitute *pure* *Materia Medica*; and in so far as the symptoms derived from these sources are concerned, our author's work is justly entitled to the claim of being "a record of the positive effects of drugs upon the healthy human organism." The *third* source, however,—a boundless and bottomless reservoir of fictions and fallacies, and possibly of facts—is not legitimate; but has been regarded with great suspicion by many eminent homœopathists, and the symptoms thence derived are admitted on sufferance, as it were, until further revelations by voluntary or involuntary provers shall assign them to a place as a

part of the outcome from the first or second "sources." These symptoms, therefore, even though "cautiously admitted" should, in our opinion, find no place in this work, or they should, at all events, be designated by some mark intended to express their equivocal character. And our objection extends likewise to those *very few* symptoms admitted as clinical and which "have never been observed as effects of drug-action;" but since these are "designated by a small cypher after the symptoms," the objection is modified in a great degree.

We do not wish to be understood as making these remarks in a fault-finding spirit, but as simply recording our opinion as to what class of symptoms should be admitted to and what class should be excluded from a work on *pure materia medica*; and we are well assured that Dr. Allen has given these questions proper consideration, and has formed his opinion in the matter solely upon the basis of making his work as practically valuable as possible. And, indeed, when we ponder over and arrive at the true significance of a weighty sentence in the "Introduction," the feeling comes to us that our fear should be lest too much should be excluded from, rather than that too much should be admitted to the Encyclopedia; for who is there in our ranks with a philosophical hopefulness for the future of Homœopathy, who will not recognize the force and the truthfulness of the following words: "These symptoms are recorded as facts, which, while the interpretation of their physiological action is as sure to change as physiology is to advance, will ever remain the same, and be re-read and re-interpreted with increasing clearness and satisfaction." When the homœopathic *materia medica* is committed exclusively for elimination and interpretation to men with brains teeming with scientific knowledge and with minds capable of the closest reasoning, the days of medicine as an exact science will be not far distant.

Dr. Allen informs us that a large amount of literature has been searched that the work might be complete and reliable; and original sources have been obtained and transcribed or translated. The authorities quoted by Hahnemann have been referred to by Dr. Richard Hughes, of England, who has rendered very valuable assistance to the editor.

The existence of typographical and other errors in the original text of some provings, has been brought to the notice of the editor by Dr. C. Hering, of Philadelphia, and these notes are very valuable.

Authorities are given at the beginning of each proving, and each symptom is followed by a small number referring to this list of authorities, so that any symptom may be readily traced, and *reliance placed upon it according to its authority, the dose which produced it, or the time when it occurred*, the time (when noted by the provers) being given in brackets after the symptom. This is a very valuable arrangement, and one which will meet with almost universal approval. The prover, the time and the dose are three important elements entering into a consideration of the value of a symptom or set of symptoms; and by this arrangement of Dr. Allen's, the inquirer, if he so wish, is enabled to consult the original record, and make up his mind as to the value of a symptom or group from the circumstances of the case.

Translations have been made with special care to preserve the accurate meaning of the original. The Holy Scriptures have, in the lapse of years, suffered so greatly at the hands of translators, printers

and proof-readers, that at times the church has been compelled to disavow certain editions. The homœopathic materia medica has suffered in a similar manner and in an almost equal degree. The facts of the one are for the solace and salvation of the soul, and the facts of the other are for the care and the cure of the body. How important then that each should retain its original statements unimpaired. Our author is deserving of great praise for the pains he has taken in this department of his work.

The drugs are arranged alphabetically. This arrangement will disgust Dr. Hering, but will doubtless be pleasing to men of fewer scientific attainments than he. Symptoms are arranged in accordance with the *anatomical plan*; and attention has been paid to *objective* and *subjective* symptoms, and when possible the *appearance* of a part is first given, and afterwards sensations.

The object of Dr. Allen being to make his work *practically useful*, verifications of symptoms have received a very great share of attention. Those symptoms which have been repeatedly cured by a drug are distinguished by stars, with italics, or full-faced type: the latter class being most important. The editor has received most generous and efficient help in this work from Drs. Carroll Dunham and Adolph Lippe; and has himself consulted nearly the whole of the homœopathic literature.

We have heard this work slightly spoken of, prior to the publication of this first volume, as a reprint or republication of "Jahr's New Manual," or "Symptomen Codex," which has been stigmatized as inaccurate, impure and incomplete. As well compare the 12mo. "Arabian Nights" of our boyhood with Dalziell's splendid royal octavo, or the cheap yellow-covered and dirt-incrusted Don Quixote, with the magnificent quarto illustrated by Doré.

This volume contains the pathogenesies of 107 remedies, commencing with *Abies Canadensis* and ending with *Atropinum*. The following *are not to be found* in the "Symptomen Codex:" *Abies Canadensis*, *Abies Nigra*, *Absinthium*, *Acalypha Indica*, *Acetic Acid*, *Aconitine*, *Aconitum Anthora*, *Aconitum Cammarum*, *Aconitum Ferox*, *Aconitum Lycocotum*, *Aconitum Septentrionale*, *Actæa Racemosa*, *Adelheidsquelle*, *Æsculus Glabra*, *Æsculus Hippocastanum*, *Agaricus Campanulatus*, *Agaricus Campestris*, *Agaricus Citrinus*, *Agaricus Emeticus*, *Agaricus Pantherinus*, *Agaricus Phalloides*, *Agaricus Procerus*, *Agaricus Semiglobatus*, *Agrostemma Githago*, *Ailanthus*, *Alcohol*, *Aletris Farinosa*, *Alstonia Scholaris*, *Alumen*, *Ammonium Aceticum*, *Ammonium Benzoicum*, *Ammonium Bromidum*, *Ammonium Carbonicum*, *Ammonium Nitricum*, *Amphisbena*, *Amyl. Nitrit*, *Amylamine Chlorohydrate*, *Anagallis*, *Anantherum*, *Angelica Atropurpurea*, *Anilinum*, *Anthemis Nobilis*, *Antimonium Arsenitum*, *Antimonium Chloridum*, *Antimonium Oxidum*, *Antimonium Sulf. Auratum*, *Apis*, *Apium Graveolens*, *Apocynum Androsæmifolium*, *Apocynum Cannabinum*, *Apomorphine*, *Aqua Marina*, *Aranea Scinencia*, *Argentum Cyanidum*, *Argentum Muriaticum*, *Aristolochia (Milhomens)*, *Arsenicum Iodatum*, *Arsenicum Metallicum*, *Arsenicum Sulf. Flayum*, *Arsenicum Sulf. Rubrum*, *Artemisia Absinthium*, *Artemisia Contra* and *Judaica*, *Artemisia Abrotanum*, *Arum Dracunculus*, *Arum Italicum*, *Arum Triphyllum*, *Arundo Mauritanica*, *Asclepias Cornuti*, *Asclepias Tuberosa*, *Asimina Triloba*, *Asterias Rubens*, *Atropinum*. Thus seventy-three of the one hundred and seven remedies contained in the volume are not mentioned in the Symptomen Codex. And of the

thirty-four remedies common to both works, it may be said in general terms, that the pathogenesies given in the *Symptomen Codex* are meagre as compared with those of the *Encyclopedia*; that the errors of the S. C. have been corrected; and that the value and number of the *verifications* contained in the *Encyclopedia* as compared with those in the S. C., under the same remedies, are about as three is to one. It is true that many of the seventy-three of the *Encyclopedia* are but little known, and that their provings are mere fragments; it is equally true, however, that many of them have been abundantly proved, are of great value and of frequent use.

As an illustration of the great difference existing between the two works, we will cite the "Head" symptoms of *Aconitum Napellus*. In the "Symptomen Codex" there are thirty-four symptoms arranged as the "Head" part of *Aconite*. Of these ten are printed in italics, three of which are preceded by an asterisk; four are printed in roman type and preceded by an asterisk; and three are in roman type, preceded by an asterisk. The *Encyclopedia* shows us one hundred and forty-five symptoms as the "Head" group. Of these, nine are printed in full-faced type, of which three are preceded by an asterisk; while forty-four are printed in italics, of which eight are preceded by the star. Thus, it will be observed, the number of symptoms under this heading in the *Encyclopedia*, exceed by one hundred and eleven those to be found in the *Symptomen Codex*; and at the same time the value or prominence of the symptoms are defined to a much greater extent in the former work than in the latter; or, in other words, the *Encyclopedia* is enriched by the experience accumulated since the publication of the *Symptomen Codex*. This selection of some of the symptoms of *Aconite* for illustration has been made because that remedy is one with which the profession is well acquainted, and because it was selected by Dr. Allen as a specimen and issued by the publishers as such.

We cannot spare the space for a more extended notice of this work, or for a more critical examination of its contents. We have heard that portions of it have been subjected to the closest scrutiny by *experts*, and that the results of these examinations are in every way very creditable to the Editor. Errors doubtless have crept in; and it would be a matter of impossibility to keep them out, perhaps. We have noticed several typographical errors, which can, with all others, be corrected in a general errata.

The Editor is deserving of the highest praise for the ability and energy he has displayed, and which cannot fail to inspire confidence in even the most doubting of the profession as to the completion of the volume within a reasonable time, and as to the ability and fidelity with which the work will be done.

The publishers have spared neither pains nor money to make the work worthy its high position and the labor bestowed upon it. Clearness of type, fineness of paper, excellence of press work, and substantiality of binding are its characteristics. The paper of the *Encyclopedia* is of exceptionally good quality, similar to that of the first Volume of Ziemssen's *Cyclopedia of the Practice of Medicine*; while the *Encyclopedia* contains at least one-third more matter than Ziemssen's volume, which is sold at five dollars.

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MYSTICISM IN MEDICINE, ANCIENT AND MODERN.

[Concluded.]

BY J. H. P. FROST, M. D.

PSYCHOLOGICAL medicine, in modern parlance, is that method of healing in which no external remedies are administered and only the moral or spiritual influence of the practitioner, in addition to proper advice is exerted. As employed by the physicians of ancient times, especially when reinforced by priestly authority, it was no doubt capable of accomplishing greater wonders than we often see in the present age. Still the results are similar, and the means the same; what is now understood to be effected by some mysterious, yet confessedly natural power, called *animal magnetism*, was then wrought by the same dynamic influence proceeding from sources far more imposing. Eastern readers will remember P. P. Quimby, who some twelve or fifteen years ago, drew such crowds of patients as to throng the hotels he occupied, who professed to cure without medicine, and who no doubt relieved and benefited many by "the laying on of hands." But his powers became dissipated by attempting to treat the multitudes who desired his aid, and his professional reputation, which "went up like a rocket, came down like a stick." The most definite experience of his practice that came under my observation, was that of an elderly gentleman afflicted with chronic rheumatism. Over him Quimby worked for an hour or more; received from him two dollars, and sent him home, some few miles, free from pain and rejoicing in the assurance that "he was cured."

But before he reached his house, the pain returned as severely as ever, and drove out his faith in the man who arrogantly, not to say impiously, claimed to heal the sick in the same manner that the Saviour did.

A good illustration of the combined influence of *psychic force* and *personal faith*, the first two elements above given of supposed magical or supernatural cures, will be found in the following account from Mr. Colquhoun's work,—speaking of the royal touch for King's Evil, he says: "It has been seen, that it was usual upon these occasions to hang a gold medal about the necks of the patients. To those who are in the habit of ridiculing the efficacy of charms, amulets, etc., I would recommend a serious consideration of the following case, which was related by Mr. Dicken, Sergeant Surgeon to Queen Anna, to a respectable physician. "A woman came to him, begging that he would present her to be touched by the Queen, as, from her appearance, he had no great opinion of her character, he told her the touch would be of little service to her, as he supposed she would sell her medal, which must continue about her neck to make the cure lasting. She promised to preserve it; was touched; had the medal given to her; and soon after her sores healed up. Forgetting her promise, and now looking upon the piece of gold as useless, she disposed of it; but soon after her sores broke out once more. Upon this she applied to Mr. Dicken a second time, earnestly entreating him to present her again to the Queen. He did so, and once more she was cured."* The following is related by Deleuze: "A doctor of medicine, who enjoys a high reputation, and who will not be accused of ignorance, for he is a professor and a member of the Academy of Sciences, declared to me that he knew a lady who was long afflicted with palpitations of the heart. She was advised to wear on her breast a hazel-nut, hollowed out, and then filled with mercury, and well stopped. As soon as she began to wear this amulet, the palpitations ceased. After a few days she thought herself cured, and laid aside the amulet. The palpitations returned, and the same thing took place during several years."† It is quite possible that the mercury chanced to be so truly homœopathic to her whole case as to enable her system to overcome the palpitations.

Imagination, or faith, entirely distinct from intended psy-

* Douglass, Bishop of Salisbury; the Criterion, p. 205.

† *Defense du Magnetisme Animal.*

chie force on the one side, or medicinal qualities on the other, stands out prominently in the following case, for which also we are indebted to Mr. Colquhoun. "Some curious facts respecting the great confidence which the North American Indians place in the professor of the magical art, (their "*medicine man*,") will be found in Hearne's Journey. Such is said to be the influence of these professors, that they appear to be capable of curing the most serious complaints without resorting to any physical means, and that the fear of incurring their malignity plunges individuals into diseases which often terminate fatally. One of these Indians, Matonabbi by name, conceiving that Hearne was in possession of supernatural powers, requested him to kill by magic, a man against whom he entertained a deadly hatred. To oblige him, Hearne, without dreading any bad consequences, drew some figures upon a piece of paper, and gave it to Matonabbi, advising him to make it as public as possible. Matonabbi's enemy, who enjoyed perfectly good health, scarcely heard of the paper, when he became melancholy, refused food, drooped, and died in the course of a few days."*

"Diseases were sometimes charmed by simple *words*, or *magic sentences*, or *verses* pronounced in the ear of the patient, or at a distance, *with an intention* of curing; which was accompanied by *certain gestures or motions of the body*." Thus does Le Clerc describe the ancient mode of employing charms, which closely resembles the manœuvres of animal magnetisers of modern times.† *Amulets* were stones, metals, gems, paper, or animal and other substances upon which characters, words or sentences were written or engraved. Some resembles a piece of money punched, so as to be hung about the neck, like the gold medals used by the French and English Kings in touching for Scrofula: others were made into rings for the fingers, bracelets for the arms, collars for the neck, or crowns for the head. There were some amulets

* Colquhoun's "Inquiry," Vol. I, p. 124. Hearne's "Journey from the Prince of Wales Fort, in Hudson bay, to the Northern Ocean." Quarto, London, 1775.

† In practice, but not in theory; for the *rationale* of the whole treatment of diseases as well psychical as physical, by incantations and charms, was founded on the belief, which Pythagoras derived from the ancient philosophy, of the Chaldeans especially, that these diseases were occasioned by indwelling demons, and were therefore to be cured by driving them away.

On the other hand psychical disorders have long been attributed to physical diseases: So Rev. Dr. Horsenet in reply to a question, proved by Scaliger, why men of a melancholic constitution be more subject to fears, fancies and imaginations of devils and witches, than other tempers be? says, *quia ab atra bile atri et fuliginosi generantur Spiritus qui Cerebrum fingunt turbulentis Phantasmalibus*, because from their black bile are generated dark and sooty spirits which infest the brain with frightful phantasms. REA. DR. FRANCIS HUTCHINSON'S *Historical Essay concerning Witchcraft*, London, 1720. Dedication, p. viii.

into which neither charms nor superstition had any share, though nobody could account for the mighty virtues attributed to them; such were the blood-stone, the snake-stone, the eagle-stone, the moss of a dead man's skull, of which the celebrated Boyle makes mention in his Philosophical Transactions, then speaking of specific medicines. Others, prepared by watching a favorable disposition of the stars, from which they were supposed to derive their chief virtues, were by the Arabians named *talismans*, or images. But that the principal powers of both charms and amulets of various kinds lay in the faith of the wearer, rather than in the substances themselves or in the psychic force exerted by the giver, may be plainly seen to be possible, from a single instance related by Dr. J. Drake, who in 1608 made the translation into English of Le Clerc's History of Physic, from which we quote. Dr. Drake says: "Even yet the number of those, that labor under painful conceits, (disorders) and are daily relieved by the application of superstitious remedies in which they have strong faith, is very great. I knew one, "he continues," a person otherwise of very good sense, that was cured, as he thought, of the Sciatica, by wearing about his neck a piece of blank paper, in which he was told there was a powerful charm written, but was forbidden to break the seal; which his curiosity tempting him to do, after fancy (disease) had three weeks respite, immediately upon the disappointment he relapsed into the old complaint."

Let us turn back now, and continue our reviews of the historical notices of some of the ancient physicians, the philosophy of whose mystical practice the preceding paragraph may serve in some measure to explain.

According to Clemens Alexandrinus, the physic of *Hermes*, Mercury, surnamed Trismegistus, from whom in general the ancient physicians derived all that belonged to that profession, was mainly founded upon astrology and magic. In some writings attributed to him, mention is made of certain *statues that caused and cured diseases* and predicted future events.*

* Ita humanitas semper memor humane naturæ et originis suæ, in illa divinitatis imitatione perseverat, ut sicut pater, dominus, ut sui similes essent, deos fecit æternos, ita humanitas deos suos ex sui vultus similitudine figuraret.

Asclep.—Statuas dicis O Trismegiste?

Trismegist.—Statua, O Asclepi, videsne quatenus tu ipse diffidas? Statuas animatas, sensu, et spiritu plenas, tantaque facientes, et talia; statuas futurorum præscias, ea quæ forte omnes vates ignoret in multis et variis prædicentes imbecillitates hominibus facientes. easque curantes tristitiam lætiamque promentis. — Asclapius, Latin Version by Asputrius.

Vide Kircher's description of one of these statues, that of Serapis, Oedip. Egypt, i., 139.

Lucian, speaking of the Phœnician Temple of Hierapolis, says: "There are here majestic statues, in which one almost believes he sees the Gods breathing in person; they perspire; they move and deliver their own oracles." Aristotle speaking of an ancient law among the Egyptians, by which the physicians were forbidden "to move the humors"—i. e., to purge or otherwise alter the prescribed mode of treatment—before the fourth day, which if they did it was at their own risk and peril.*

Horus, or *Apollo*, son of *Osiris* and *Isis*,—the most ancient King and Queen of Egypt,—contemporary with *Hermes*, according to *Diodorus Siculus*, was believed to have learned the arts of physic and divination from his mother, *Isis*, and to have been very useful to man by his oracles and remedies.† *Ilyginus*, a Roman author quoted by *Le Clerc*, says: *Apollo*, *Horus*, was the first oculist, and the god of divination, because light or day discovers what is hidden in the night. Others have thought that the art of divination was joined to physic upon the account of the prognostics of physicians by which they frequently foretell what shall befall the patient in the course of his distemper, which is what procures the greatest veneration for the profession. On this *Le Clerc* remarks in a note: "I doubt the art of divination will appear to have been separated from physic before the latter arrived at any great skill in the prognostics, of which we find nothing before *Hippocrates* but what his *Cocce Prænotiones* contains. I rather think that the priests who were the professors of both arts, introduced divination first into physic that they might supply the defects in the latter by the imaginary helps in the former, and support their credit jointly by both which they could not by either apart.

"*Aristæus*, King of *Arcadia*, a son of *Apollo*, was by his father committed to the care of *Chion*, who taught him medicine and divination. To him is described the discovery of the *Silphion* or *Laserpitium*, whose gum, or juice, inspissated, was very much in use among the ancients; but at present we

* *Aristotle Politicor.* Lib. vii; Cap. 15.

† *Osiris*, his father, represented the universal God—power for good, the beneficent active principle or energy of life. *Isis* was the passive prolific power in whom the energy of life took form. *Osiris* was slain by *Typhon*, or *Evil*. *Typhon* was slain by *Horus*. Hence *Horus* represents, through his parentage "The Life-giver, and through his victory our evil, "the destroyer."

Plutarch.—*De Isis et Osiris*, 351, explains the destitution of *Osiris*, by *Typhon* as symbolical of change, in popular belief, from monotheism to polytheism.—So, in pursuing the symbol, *Horus* is said to have slain *Typhon*, by acknowledging a *Phanibrotos* and a *Kosmokrator*, "an omnipotent being that was the governor of the whole world." *Hieroglyphics*, lib. 1., cap. 2; p. 5.

either have it not, or do not certainly know it. Some conclude it to be that kind of *Terula*, which yields assafœtida, and which by most modern botanists is called *Laserpitium*.”*—So wrote Le Clerc, nearly two hundred years ago; this most important and valuable remedy has now just been identified and reintroduced into practice.†

Melampus cured the daughters of Prætus, who had lost their wits, by giving them *Hellebore*, using also verses and charms, and finally causing them to bathe in a certain fountain in Arcadia. “To this *Hellebore*, a renowned medicine among the ancients, belongs their earliest known recognition of the principles involved in the homœopathic mode of healing the sick. Democritus writing to Hippocrates, who had previously been sent for to cure him of a supposed insanity, says: “For if, as those men desired, you had given me *Hellebore*, as being mad you had, of wise, made me mad indeed, the guilt whereof would have lain upon your art; for *Hellebore*, administered to some persons, clouds their understandings; but to the mad it doeth good.”‡

Melampus also cured Iphiclus of impotence, by giving him *iron rust*; and this was said to be the first instance of a mineral remedy taken inwardly. Melampus lived two hundred years before the siege of Troy. Virgil, however, seems to make him contemporary with Chiron who lived till about the time of the Trojan war.

“The Medicinal arts prove hurtful; in those arts
The Chief, famed *Chiron*, and *Melampus*, cease
Their fruitless labour.” *Georgics*, Book iii. (*Dr. Trapp*).

The following is an outward and pseudo homœopathic application: “Achilles, son of Peleus, carried to the siege of Troy a lance given him by the centaur, Chiron, which had the virtue of healing the wounds it made—This Telephus experienced to his relief.—Some, says Pliny, pretend that Achilles cured Telephus with the herb *Achillea*, which is a part of yarrow, or millfoil (*Achillea Millefolium*). Others say that he found out *vert de gris*, which of is great use in Salves, and for that reason, say they, Achilles is painted scraping

* History of Physick, London, 1699: p. 33.

† Le Silphion des anciens, qui deciderement parait etre le suc de la racine du *Thaspia Silphium* L. et dont Pline parle en ces termes (Lib. XIX.—XV.): “Quod Græci Silphion vocant, in *Cyrenica* provincia reperitur, cujus Succum vocant laser. MAGNIFICUM in medicamentis et ad pondus argenti denarii pensum; fait rapidement son chemin dans la Therapeutique homœopathique. DR. A. CHARGE, *Traité Hom. des Maladies des Organes de la Respiration*.” Paris, 1874; p. 321.

‡ Stanley, *History of Philosophy*: London, 1761: p. 460. It has been thought by some critics, that these letters of Democritus and Hippocrates, are not authentic; but in any event they are very ancient.

the *Verdigris*, which is the rust of copper, (*Cuprum Aceticum*), from the point of his spear and dropping it into Telephus's wound. Some have fancied Achilles the inventor of *weapon-salve*, or that he was possessed of the secret wherein, according to them, consisted the virtue supposed to be in his spear of curing the wounds it made." This apparent and perhaps actual homœopathic quality of Achilles's spear belonged not to it as a spear in respect to the mechanical wounds it made; but rather to its copper point, or the rust from it,—which may have been very efficacious in healing wounds, even those copper-poisoned. Thus we see here, and in many other cases also, those occult properties of substances by which magical cures were wrought in the olden times, were nothing more than their spontaneously developed, natural homœopathicity to the case, with a still deeper share of supernatural if not demoniac mystery, where these properties partook rather of what would now be termed an *isopathic* character.

The following prescription, literally translated from the prolix and most obscurely mystical "High Dutch," of Jacob Behmen, is a clumsy but curious expression of the most transcendental experience of modern homœopathy; "One taking a surfeit by any mortiferous herb, water, or unwholesome flesh, let the same kind of water, herb or flesh so distilled or burnt, whereby the outward poison which standeth in death is gone, the astral vigor remaineth (that dead body being gone), therewith if good treacle be mixed, which holdeth captive the wrath in the sated birth, and give it the sick in a warm drink, then operateth the innermost birth which hath diseased the person, and cureth."* Very much as if it should say, the forty-thousandth of mezereum would remove the ill effects of the mother tincture.

Josephus tells us that "God also taught Solomon an art against demons and devils, for the benefit and cure of men; who composed certain incantations, by which diseases are cured, and left forms of exorcisms, whereby devils are expelled and driven away. Which method of curing prevails much amongst us at the present day."† He extols also, in another work, the virtues of the root *Baaras*,—which Schrevelius defines as "the root of some wonderful herb," *radix herbarum cujusdam mirabilis*—saying: "For what are called demons

* "Jacob Behmen's *Theosophick Philosophy Unfolded*; The principal treatises of the said author abridged." By Edward Taylor, London, 1691.

The *Aurora*, Chap. xvi., 3. 10; p. 256.

† *Antiquit. Judæe*. Lib. viii., Cap. 2.

are the spirits of wicked men, that enter into living persons, and kill those who do not obtain help; these it (Baaras) quickly drives away, if it only be brought near to those thus afflicted."* But the great important, and most difficult theme of Obsession and Exorcism, considered as a psychological disease and psychological treatment, which may well deserve an article to itself, must be excluded from this one already too much extended. With reference to such a future paper, we might say with Petronius: *Per ambages, Deorumque ministeria, et fabulosum sententiarum tormentum præcipitandum est liber spiritus.*

Æsculapius, who had the reputation of having invented clinical medicine; that is, of first visiting the sick in their beds (*Klinics*), was also the true father of Ancient Surgery: since his very name, Asclepius—whence the Latin Esculapius—which is of Phœnician origin, signifies, *a man of the knife*. By medical historians there are said to have been two at least of the same name, one earlier, Egyptian, pupil of Hermes: the other a Grecian, whose general practice, as well as that of his sons in a particular case—not forbidding the potion made of cheese ground and meal steeped in wine, which a woman gave to the wounded Eurypylus—Plato justified and commended.† But these two Esculapii were doubtless one and the same.

Among the prescriptions and wonderful cases recorded of the Grecian Esculapius, some few are worthy of note for their remarkable character. Dominus, a Jew, consulted him, and was ordered to eat pork; notwithstanding the law of his nation against eating swine's-flesh, he conformed to the direction, and found himself so well after it, that he ate it all the rest of his life—and he found himself the worse for a single day's abstinence from it. His disease was a *spitting of blood*. "This remedy," remarks Le Clerc, whose citation from Suidas we have quoted, "appears extraordinary, but we shall see in the sequel some prescription of the same sort in the same case by (other) physicians."‡ This cure seems a very literal illustration of the old adage reversed: "what is one man's poison, is another man's meat:" pork, which is believed to be the one great source and cause of scrofula among people who eat it freely, may well be supposed capable of curing

* De Bello Judaico. Lib. vii., Cap. 6. Sect. 3.

† De Republica, Lib. vii.

‡ History of Physick, p. 87.

this disease in people like the Jews, who rigidly abstain from it as an article of food ; spitting of blood, when it is habitual, being no other than a consequence of scrofulous affection of the lungs.

Galen relates another remarkable cure wrought by Esculapius : a certain rich man having applied to him, was advised to take a medicine whereof vipers were an ingredient, and to rub his body externally with it. Shortly after, this man becoming *leprous*, his disease turning to a *leprosy*, he was perfectly cured by this medicine,—“which,” remarks Le Clerc, “was much esteemed by the physicians of all ages in cases of this nature,” all which modern experience amply confirms.

Certain other cures wrought by Esculapius, of a purely mystical nature, now demand our attention. “To one Caius, who was blind, he directed that he should come to the sacred altar, and having kneeled should go from the right side to the left and lay his five fingers upon the altar, and put that hand upon his eyes ; which being done, he saw very clearly, all the people being present.” Lucian, having a pleurisy, and being given over by everybody, received from this God, Esculapius, this oracle :* that he should come and take the ashes off his altar, and mixing them with wine, apply them to his side : which done he was cured. Julian vomiting blood, and his recovery being by every one despaired of, the God by his oracle gave him this prescription ; that he should come and take the pine-apples from his altar, eat them three days with honey, which having performed he was well. To a blind soldier it was ordered that he should mingle the blood of a white cock with honey, and make a collysium, which he should put upon his eyes three days together ; after which he saw. Compare with these cures the words of Albertus Magnus : “The sick are healed as much by confidence in their physician, as by the remedial virtues of the medicines he employed.†

The first and second of the cures above cited, those made by eating pork, and by the viper medicine, were evidently wrought by means that may have been remedies strictly homœopathic to the respective cases. That accomplished upon the blind man by placing his hands upon the sacred altar and thence upon his eyes, may be paralleled by “the wonderful

* The ancients deified the great men of former ages ; those prescriptions and cures of Esculapius were engraved on a marble tablet found in the isle of Tyber, (at Rome) where was the Temple of Esculapius.

† “Albertus Magnus, 4. *De Anima*, Scribet æquum per confidentiam desuo medico factum sanare ipsum quantum medicus medicamentis.” Tienns, *De Viribus Languentis*, p. 103.

miracles reported to have been performed and the undeniable cures alleged to have been wrought at the tomb of the Abbe Paris in the cemetery of St. Medard.* In regard to these cures this learned Bishop of Salisbury, who had carefully investigated this subject, admits, that "whoever attentively weighs the evidence urged in support of some of them, must own that few matters of fact were ever confirmed by more unexceptionable testimony. They were performed openly, in the sight of the whole world; in the heart of one of the greatest cities in the universe; on persons whom everybody could see and examine: whose diseases could not be counterfeited, because we have the certificates of the most eminent physicians who had previously attended or examined them; and whose recovery every inhabitant of the city of Paris could satisfy himself of, because they lived on the spot.† The learned Bishop accordingly admits the reality of these cures, and ascribes them to religious enthusiasm, a likely faith, and unbounded confidence. The two latter elements may have been, and no doubt were, present in equal force in the cases of these above described as cured by the oracle of Esculapius; and there is, therefore, as little necessity for regarding the cures as either fabulous or supernatural, in the one case as in the other. In this connection we add two sentences translated from a Parisian Gazette, *Le Globe*, speaking of the then recent occurrence: "It is an incontestible fact, and demonstrated by the religious history of all times, that, whenever a lively faith in a superior power was combined with firm confidence, surprising cures were the result." "It is time that science should frankly take possession of these miraculous cures, which are so evidently within its domain, and which constitute a very interesting chapter of that powerful influence of the moral over the physical nature of man, so frequently appealed to, and yet hitherto so little appreciated in its more curious results."

* Quarterly Journal of Psychological Medicine, Vol. iv., p. 668.

Atlantic Monthly, February and March, 1869; *Convulsionists of St. Medard*.

The following is the great authority on this remarkable subject:

La Verite des Miracles operes par l'intercession de M. de Paris et autres appellans par M. Carre de Montgeron, Conseiller au Parlement de Paris. 3 Vols. quarto, Cologne, 1745.

"Il s'agit de miracles qui prouvent evidemment l'existence de Dieu et sa Providence, la verite du Christianisme, la Saintete de l'Eglise Catholique, et la justice de la cause des appellans de la bulle Unigenitus."

† *The Criterion*, by John Douglass, D.D., Lord Bishop of Salisbury. Mr. Colquhoun, from whom we borrow the above citation, speaks of still more recent occurrences of a similar character, at another place, he quotes from "*Le Globe*," of Paris: "There has lately been discovered at Lyons an old tomb, which, right or wrong, is believed to be that of St. Jubin. Hereupon the imaginations of the pious have become exalted, and some diseased persons, anxious to experience the virtue of new relics, have found their complaints alleviated near this tomb. We are told that a woman that had been suffering from paralysis was completely cured."

A single instance of a modern, so-called miraculous but well authenticated cure, will conclude this portion of our discussion. Racine relates what he calls the miraculous cure of Mademoiselle Penier, the niece of the celebrated Pascal, and then an inmate of the famous convent of Port Royal. This young girl had been afflicted with a lachrymal fistula. To the diseased eye was applied a relic—said to be a thorn from the crown which the Jewish soldiers in mockery placed on the head of Christ. The girl declared that the touch had cured her.—Some days afterwards she was examined by several physicians and surgeons, who substantiated the fact of her cure, and expressed the opinion that it had not been brought about by medical treatment, or by any natural cause. The Queen Regent of France, very much prejudiced against Port Royal as a nest of Gansenists, sent her own surgeon, M. Felix, to examine into the miracle; and he returned an absolute convert, so incontestable was this miracle regarded, even by the enemies of the nuns, that it actually saved their establishment for a time from the ruin with which it was threatened.* In this case the relic acted as a powerful charm; and while we cannot but admit the fact of the cure—for we would not be of the number of those, *Qui non potuisset intelligere, nec credere voluisset*,† who refuse to believe what they cannot understand—it appears to us that there is as little of the miraculous or supernatural involved as in the case of the person cured of a sciatica by wearing a piece of blank paper believed to be a powerful charm.

Although having little to do with the medical profession, we add the two following remarkable cures, prefacing this observation: Were these and the few other like cases cited in this paper, all there were of the kind, it would not seem unreasonable to discredit their authenticity: but since the records of all nations and ages abound in them, it would seem more rational to seek for a scientific explanation of the phenomena, than to meet them with an unphilosophical negation. In a treatise addressed by the Rev. C. C. Grafton, to the students of a Theological Seminary in New York, the follow-

* *Abrege de l'Histoire de Port Royal.* Par M. Racine, Paris, 1693. Cited by R. D. Owen, *Essays on the Boundary of Another World.* Philadelphia, 1860; p. 83.

The following is an earlier and still more transcendental specimen of Christian Mysticism in Medicine: "St. Francis is said to have done innumerable cures for sick and diseased persons, by appearing to them after his death, and I could fill a volume with the history of them." *Universal History of Apparitions, sacred and profane, under all denominations; whether Angelical, Diabolical, or Human souls departed.* By Andrew Moreton, Esq.; (D. De Foe), adorned with cuts. London. (Original Edition, 1729. A very rare and curious work.

† Augustine.

ing was given as one of the illustrations of the spiritual or miraculous efficacy of the Eucharist when received in faith: A woman dying of lock-jaw, in whom life was sustained by the injection of food through an aperture caused by a broken tooth, was carried to church, and upon receiving the Sacrament in faith, was cured.* I was myself witness to the following no less remarkable effect of faith: A clergyman, a patient and intimate friend of mine, was suffering the most intense agony from a secondary attack of quinsy. The first abscess situated in the tonsil, had broken, affording instant relief after a week of continuous and severe suffering. This second attack seemed to consist in the formation of an abscess in the posterior nares, which from its position, pressing upon the base of the brain, caused the most intense and unremitting agony. No remedial means could alleviate the distress; and there seemed no possibility of relief till the cause was removed by the bursting of the tumor.—In a moment of desperation, the sufferer rendered nearly frantic by the severity of the pain, kneeled down and prayed for relief. I had no expectation of improvement, but respected the sincerity, the solemn earnestness and implicit confidence of my patient. What was my surprise, then, in a few moments to find that he was altogether relieved of his intense agony, and that he remained comparatively comfortable till the abscess broke on the following day. I do not of course deny, what I do not know—the presence of a supernatural force in either of these cases—but I do assert that they in no way differ, as far as the actual result goes, from other cases, such as some of those above cited, in which no sacred element is claimed to have been present.

With the ancients, prognosis was a point of the greatest interest; and in the absence of reliable scientific or even empirical data, they sought by divination to ascertain the mode of termination of diseases, as well as the means by which they were cured. Jambellicus largely explains the various modes of divination, employed,† and when we read his account of how “the knowledge of future events comes to us oftentimes *in sleep*, by the divine will and benevolence.”‡

* The Episcopal Register, Dec. 19, 1874. Philadelphia, p. 229.

† Sunt autem variae divinae obsessionis et variis modis divina inspiratio efficitur. *De Mysteriis. Oroni*, 1678; C. S. p. 65.

‡ Per quietem cum nos aliquid facimus, aliquando futuri cognitionem assequimur. Cum igitur veritas, quae per somnia possit colligi, non semper nostris operibus acquiritur, immo saepe sua sponte nobis effulgeat, hoc plane ostendit, quod divinatio tum fit ab extra et diis ipsis; tum etiam quod libera fit, et quod quando vult, et quomodo vult, futura nobis revelet, cum benevolentia. *Jamblicus; De Mysteriis* Cap. xxiii., p. 90.

We can not but recall the eloquent and authentic words of a writer still more ancient: "For God speaketh once, yea twice, yet man perceiveth it not; (in his waking hours). (But) in a dream, in a vision of the night; when deep sleep falleth upon man, in slumberings upon the bed; then he openeth the (spiritual) ear of man and sealeth their instruction."*

According to the authority of Pausanias and Plutarch, the Temples of Esculapius, more than eighty in number, dispersed through the Grecian states and colonies, were originally the homes of the Asclepiadae, the schools in which they trained their offspring to their hereditary occupation, as prophets, priests, and physicians. These temples became thus the hospitals or asylums of those ages; those of Epidaurus, Cos, and Tricea, according to Strabo, were always filled with patients, and along their walls were suspended the tablets upon which were recorded the history and treatment of individual cases of diseases. On their entrance the sick were subjected to purification by fasting, ablution, and inunction; passing the first night within the common hall of the temple. During this ceremony of incubation, the presiding deity was supposed to appear before the patient in the silence of the night, and by voice or otherwise announce to him the means of cure; which, on the following day, the priest in attendance also ascertained, and undertook the supervision of the treatment accordingly.

An eminent poet and patron of homœopathy has said: "The groves were God's first temples."† And the "oak groves of ancient Europe were as sacred to medical observances, as to the other mysteries of Druidism; the blossoming of the Mistletoe,—*Viscum album*—and the ripening of its berries, at the summer and the winter solstice, marked the season of the sacred feasts; and after advancing the ceremony of the sacrifice, the hallowed plant was carefully set aside by the ovate and physician of the tribe, to be used in case of need as a medicine."‡

Paracelsus Anolus Theophrastus, born in 1493, a prince among mystical physicians, one of the latest of those who formally and devoutly combined theology with therapeutics, and whose views are said to have been "an anticipation of the homœopathic doctrine,"§ in reality deserves a special chapter,

* Job, xxxiii., 14, 15, 16.

† William Cullen Bryant, L.L.D.

‡ Giles, in Richard of Cirencesters *Ancient Briton*; quoted by John Watson, M.D.

§ *History of Philosophy from Thales to the present time.* By Dr. Fr. Ueberweg. Vol. I. *History of Modern Philosophy*, New York, 1874; p. 24.

instead of being ignominiously crowded into the concluding portion of one already full. Here and now we can only state that he was a veritable reformer in medicine, and wonder worker in practice; discarding the use of all ceremonies and conjurations, he held to "the true magic, the gift of faith, which, were its strength sufficient, should cast out devils, heal the sick, raise the dead, and remove mountains." Paracelsus believed in the intuitive perception and knowledge alike of spiritual mysteries, and of the intrinsic qualities of natural objects, and that by the aid of this and the cabbala, or mystical formula, it was possible both to understand and to produce that marriage union between heavenly influences and terrestrial objects which is called *gomahea magic*.* With him must be remembered John Baptist Van Helmont, and Jerome Candan. The former, born at Brussels, in 1577, taught that *the will* was the first of the powers, and "there is no author of that age who appears to have so fully anticipated the modern discovery of Animal Magnetism." The latter, born in Pavia, Italy, in 1501, was one of the last of the great physicians who were enslaved by superstition, and *facile princeps* among those who have honored the medical profession by a world renowned skill in practice, and by learning and scholarship almost equally universal and profound. That correspondence of the heavens above and of the earth beneath, with man as a microcosm, which Paracelsus directly taught, Van Helmont indirectly implied in his doctrine of the Archæus, or vital principle. But the exceeding length of this paper "must give us pause." Would that some abler pen might resume our theme, and inquire how far these great men, their colleagues, and immediate predecessors were instrumental in preparing the way for that subsequent advance in medical science, and for those enlarged views in natural and spiritual philosophy which are the glory of the present age.

* Talis influentiarum cœlestium conjunctio vel impressio qua operantur in inferiora corpora cœlestes vires *Gomahea Magic*. vel matrimonium virium in proprietatum cœlestium cum elementaribus corporibus, dicta fuit olim. Paracelsi *Aurora Philosophorum*, Cap. xv. p. 24.

ALCOHOL: IS IT FOOD OR PHYSIC?

BY I. D. JOHNSON, M. D.

(Read before the Chester, Delaware and Montgomery County Societies.)

THAT the use of alcoholic liquors as a beverage is a fruitful source of disease, suffering, and even death itself, will not be doubted by any one of human experience. But the question whether it is useful as a therapeutic agent, is one about which a diversity of opinion exists among medical men, especially at the present time. And while many able authorities have long since answered this question in the negative, others equally eminent in the profession still persist in retailing, through the public journals and from the rostrum, the most extravagant and absurd notions in regard to its medicinal virtues. We are met upon all sides with the declaration that alcohol is a "*blood-nutrient*," that it "*promotes digestion*," that it "*strengthens the patient*," that it "*keeps one alive*," that it is a "*universal stimulant*," etc., etc.

Now I undertake to say, in the light of all the scientific data applicable to the subject, not one of these claims can be sustained; that alcohol is not in any sense, nor under any circumstances a "*blood-nutrient*," or "*promoter of digestion*," but is just the contrary; that it neither furnishes animal heat or strengthens the patient, but does just the opposite; that it is not a stimulant in the sense in which that term is used by medical men, and when employed as such and in the *usual doses* it is productive of vastly more evil than good.

In considering this subject, the first thoughts which present themselves are: What is alcohol, and what is its action upon the human system: Is it food or physic?

Alcohol in chemical language is a hydrated oxyde of ethyle. It is a clear, volatile, inflammable liquid, and is the intoxicating principle of all spirituous liquors. It is nowhere to be found in any product of nature. Nowhere throughout her broad domains can it be found in anything endowed with organism and life. We may torture nature in the crucible, we may apply the most delicate tests of chemistry and optics, but we find it not in anything that the Creator has made. It is a device of man—the off-spring of death—evolved through the destructive process of decomposition.

That alcohol is a narcotic poison is admitted by Orfila, Christison, Taylor, Pereira and every other writer on toxicology of distinction. When taken in large doses no remedy is

known that will antidote its effects, and it destroys life very rapidly by paralyzing the nervous centers and stopping the action of the heart. Numerous instances are recorded of persons having died almost immediately after drinking from half a pint to a pint of ardent spirits. Dr. Percy, an eminent French surgeon, gave to a spaniel bitch $2\frac{1}{4}$ oz. of alcohol. She immediately uttered a plaintive cry and fell lifeless to the ground. "Never," says he, "did I see every spark of vitality more effectually and instantaneously extinguished. In less than two minutes not a single pulsation of the heart could be felt."

Regarding its claim as an article of food, Prof. Yeomans, in his Class Book of Chemistry, says: "the chemical composition of alcohol is such as to forbid the idea of its ever being transformed into the animal tissues. There is no evidence whatever, that under any circumstances it is capable of serving for animal nutrition." Dr. Carpenter, the eminent physiologist, declares that alcoholic liquors cannot supply anything which is essential to the due nutrition of the system. The great German chemist, Baron von Liebig the French physiologist, Lallemand, Prof. Monroe, and a score of others equally eminent both in Europe and in this country, fully corroborate these statements. And if further proof were needed on this point, the simple facts that alcohol is not decomposed in the system and undergoes no chemical change,* ought to convince any one that it is not a "blood-nutrient."

But this is not all. Besides furnishing no aliment for the blood, we have indisputable evidence that it arrests the process of digestion and prevents the assimilation of food. If we take a vial containing gastric juice and place in it some bread and meat, keep it at a temperature of 98° , in a few hours it will be dissolved into a pultaceous mass. If to another vial of gastric juice and food treated in the same way, we add a small quantity of alcohol, the dissolving process will be arrested and the food will remain for days unchanged. "It is a remarkable fact," says Dr. Dundas Thompson, "that alcohol when added to the digestive fluid, produces a white precipitate, so that fluid is no longer capable of digesting animal or vegetable matter." Todd and Bowman, authors of a standard work on "Medical Chemistry," declare that "alcohol retards digestion by coagulating the pepsin, an essential ele-

* The most recent researches show that alcohol *does* undergo change in the system.—
Editor H. M.

ment of the gastric juice, and thereby interfering with its action. Were it not that wine and spirits are rapidly absorbed, the introduction of these into the stomach in any quantity, would be a complete bar to the digestion of food." But the experiments of Dr. Figg, of Edinburgh, fully establish the truth of this proposition. He took two dogs and gave to each five ounces of cold roast mutton, cut into squares and passed into the œsophagus without contact with the teeth. An elastic tube was passed into the stomach of one, and an ounce and a quarter of alcohol injected. After five hours both animals were killed. In the one where the meat had been taken by itself, it had all disappeared. In the other the pieces were as angular as when swallowed. Dr. Beddow made similar experiments upon dogs, and found that three drachms of alcohol completely arrested digestion for over four hours. I have myself frequently witnessed the ejection of food that had been eaten twelve and even twenty-four hours before, by persons who had been drinking only moderately of alcoholic liquors.

With these facts staring us in the face, I ask, how are we to reconcile the practice of physicians prescribing porter, ale, brandy and other preparations of alcohol to support the body and assist digestion? For surely if there is any one physiological truth known to medical science that is more clearly demonstrated than another, it is that alcohol can neither furnish food for the system nor promote digestion. Where do we find the most dyspepsia, liver complaint and other kindred diseases? Where alcoholic liquors are most used, these diseases will be found greatly in excess.

The popular belief that alcoholic liquors supply fuel to the life-blood, so as to give heat to the body and support life, is proven to be a fallacy. No chemist would risk his reputation on it for a single hour. Any one who will place the bulb of a thermometer under his tongue and note the degrees of heat: then take a moderate quantity of any kind of alcoholic drink, replace the thermometer, and after a few minutes examine it again, will find the mercury to have fallen in proportion to the amount imbibed. Dr. Kirk, late professor in the University of Edinburgh, says, "one glass of brandy will keep it going down for about four hours." Prof. N. S. Davis, of Chicago, instituted a series of experiments with a delicately graduated thermometer, with a view to ascertain the actual temperature of the body after taking a moderate drink of wine

or whiskey. The results show that it was invariably followed by a reduction of temperature. Prof. C. Binz, of Germany, confirms these observations by similar experiments. He found half a glass of light hock lowered the temperature from 0.4° to 0.6° in a very short time, and that large doses made a difference of from 4° to 5° , in from one to two hours. The testimony of Sir James Ross, Sir John Richardson, Dr. Hayes, and other arctic explorers, is, that alcohol is not only useless, but positively injurious as a heat-forming material.

But the worst effects of this fiery liquid are seen upon the blood and nervous system. The experiments of Dr. Bocker, and the researches of Dr. Virchow, the celebrated pathologist, concur in proving that alcohol poisons the blood and arrests the development as well as hastens the decay of the red corpuscles. It is also proven that its presence in the system prevents the excretion of carbonic acid. We know that one of the important functions of the blood corpuscles is to carry from all parts of the system to the lungs the carbonic acid gas, where it is expelled by the expirations in the act of breathing. Now, numerous experiments have shown that the presence of alcohol in the blood shrivels or contracts the corpuscles and diminishes their capacity to perform this important function; hence this deadly poison is suffered to remain in the blood, where it effects the most disastrous results. Those of us who have witnessed the physical and mental prostration induced by entering an atmosphere charged with carbonic acid gas, will realize the danger that must necessarily follow from its retention in the system. Essentially the same morbid condition occurs in the advanced stages of intoxication.

On the nervous system alcohol has a marked and decided effect. By virtue of its great affinity for albumen, it combines with that substance in the brain, coagulating or hardening its texture, and producing serious derangement of its functions. Dr. T. King Chambers, of London, said to be one of the greatest living physicians, says: "it is confirmed by all experiments, that alcohol, either in large or small doses, depresses the nervous centres and diminishes the vitality of the system." I might refer to its action in lessening consciousness, the perception of light, and the diminution of muscular power, but these are familiar to all. The practical question is, can alcohol in any possible way "restore strength" or "support vitality?" All known facts answer in the negative.

Thus far we have only considered the physiological action of alcohol on the healthy human system. Let us turn our

attention to it for a moment as a remedy in disease. No one who will look calmly into the state of the case as it stands to-day, can fail to arrive at one of these two conclusions: either alcoholic liquors are the one thing essential above all others to save or help man in his greatest need, or else the current practice of medical men is a delusion and the public mind is misled on this subject.

For generations the medical profession has been laboring under the belief that alcohol is a "powerful stimulant," a great "vital tonic," etc. Hence in all diseases, whether acute or chronic, mild or severe, where there is general debility or vital prostration, this agent in some form is relied upon as an all-potent remedy. That this is a fatal delusion must be apparent to any one who will calmly consider the subject. Let us take a case of typhoid fever to show the application of this remedy in disease. The case having progressed to the last stage, the emaciated patient lies in a half-conscious state, with suffused eyes and death-like countenance, pulse feeble and rapid, extremities cold and covered with clammy perspiration; in a word, there is general prostration of the whole system. At this critical period, brandy is poured into the half-dead stomach, with a view to strengthen the vital powers that a little nourishment may be taken. But why give the patient food if you dose him with brandy? Have we not shown by indisputable facts that digestion will not go on with alcohol in the stomach and that it neutralizes the pepsin and prevents the assimilation of food? Have we not seen, too, that it poisons the very life blood and prevents the excretion of carbonic acid, and that it induces nervous prostration, robs the system of heat and strength, the only great safeguards by which its powers are to be re-established? That alcohol can give strength to the enfeebled and prostrate body of such a patient, is an error as fatal as any that ever took possession of the human mind. We grant that brandy will increase the action of the heart, but it cannot impart strength. It is a universal law in mechanics that when the speed is increased there is always a loss of power. And this is physiologically true. We cannot quicken the action of the human heart without a loss of vital power. And just here is where the medical mind has been misled;—it mistook increased motion for vital force, a blunder that has led to the most disastrous results.

It is a matter of surprise to many how a practice so long upheld as this should prove to be all a delusion. But when we look back into the past history of medicine, we find that

various theories and systems have been adopted and followed for a time, then to be discarded as unworthy of confidence. For more than a thousand years the medical world adhered to what is known as the "*humoral pathology*," a mere hypothetical dogma, which has long since been buried with the errors of the past. At a later period the chemical views of Paracelsus were accepted and followed for a time: then doomed to share the fate of their predecessors. And what was once the universal practice of blood-letting, has been discarded as a murderous delusion. So too with calomel; that destructive agent, once regarded the "elixir of life," has now been abandoned in a great measure by all well informed medical men. And what at one time was the common practice of physicians, proscribing pure cold water to patients burning with fever and famishing with thirst, is remembered only as an act of barbarism.

Thus it will be seen that the medical profession has been grievously mistaken in matters of great vital importance; and if there is any reliance to be placed in the sciences of chemistry, physiology and medicine, then it is grievously mistaken in regard to the use of alcoholic liquors in the treatment of disease. What virtue there may be, if any, in potentized alcohol, when applied to the law by the similars, must be left to further research to decide; but when employed in a crude form and in the usual doses, we believe it is not only useless but positively injurious.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

A regular meeting of the Society was held at the College Building, February 11th, 1875, President Dudley in the chair.

The Secretary reported that the Guardians of the Poor had passed resolutions continuing the Clinical Lectures at the Almshouse, declaring them to be free to all Medical Students, and abolishing "*Certificates of Attendance*" altogether.

A "FEE BILL," prepared by Dr. John C. Morgan, was taken from the table, discussed, amended by a committee appointed for the purpose, and then adopted and ordered to be printed.

The Secretary, in the absence of the Scribe, then presented the following report:

NOTABILIA.

BUSHROD W. JAMES, M.D., SCRIBE.

CHEST EXAMINATIONS.—No class of patients is more desirous of obtaining an opinion from the medical attendant diagnostically and prognostically than those afflicted with disease of the pulmonary or cardiac organs; and there is no part of the body in which diagnostic blunders are more frequently committed than the chest, as the respiratory murmurs and the cardiac sounds are much modified or muffled by the kind of clothing or covering worn over this region. A thickness of woollen goods, such as flannels, will prevent the respiratory murmur from being heard except in the bronchial region, and there the sounds are much muffled. A chamois-skin jacket will muffle the sound considerably, but not entirely exclude them.

The rustling of silk or other articles of dress that produce a sound of friction as the chest expands and contracts, will confuse the ear. The thick coat or vest, or chest protectors, in males, and the "padding" in females, as well as the "porous" or other plasters that invalids put on the chest, frequently without the knowledge or consent of their physician, all interfere very materially with proper auscultation of the chest organs. Cotton goods do not interfere with the proper transmission of sounds to the ear, unless the texture be dense and quantity large or very thick that may be found between the ear and the chest.

Temperament also has a great deal to do in aiding us in detecting abnormal sounds in the chest. A lean, thin person is much easier to examine on this account than a very stout individual in whom the adipose tissue covers the chest very thickly. In dropsical cases also,—not only in anasarca when the general cellular structure about the chest is filled with fluid, and sound is obstructed, but especially in hydrothorax and hydro-pericardiac cases, where the organs are compressed and their proper and full action is not carried on—the sounds are masked and modified.

The size of the organs varies somewhat in different individuals. A tall man will have long lungs, a short man short broad lungs.

These points are all requisite to be ascertained, so as to know whether any dull sounds, or the absence of either the bronchial or vesicular sounds, may not be due to clothing or external causes rather than to diseased action.

The lungs are subject to small circumscribed hepatizations in their tissue, and these are difficult enough to detect without taking the risk of a mistake from non-removal of all such clothing as obstructs the passage of sounds as they are produced.—*Scribe.*

DIPHTHERIA. A NEW REMEDY FOR—The following four cases will doubtless prove of interest, especially from my having employed a medicine which, I think, has never been employed by any of our homœopathic physicians.

The first case was that of a young lady, æt. 21. This patient had seen me several times in my office, during which time she complained of a sore throat. The left tonsil was much inflamed and enlarged, and she experienced great difficulty in swallowing. I thought at the time that it was only a case of tonsilitis, and prescribed Bellad. Finally I was called to visit her at her home, and on examining her throat, found the left tonsil and the back part of the throat covered with a grayish-white membrane. The most prominent symptoms were: Violent headache; vomiting; excessive prostration; difficult deglutition; pains through the chest; expectoration of a large quantity of mucus, which was thick and stringy; sleeplessness; fever every night, and all the symptoms aggravated towards evening; loss of appetite; great fetor, which was intolerable; great thirst, the patient constantly asking for cold drinks. I commenced treatment with Acon. and Merc. jod. The second day found my patient about the same, or perhaps worse, the membrane spreading to the right side of the throat; continued Merc. jod., as she remarked that her throat was not quite so painful. On the *third day* there was no marked improvement. I then stopped Merc. jod., and gave Nitric acid. On the *fourth day* there was some little improvement; the headache had left and she could take some nourishment, such as beef-tea and chicken-broth.

I imagined that the false membrane was shrinking, and at all events a portion of it had peeled from the right tonsil. On the *sixth day*, the patient was no better. She complained of excessive prostration; had had no sleep, was restless and desponding; on examining the throat, I found that the membrane had changed from a grayish-white to a dark gray, almost black in some parts. The prostration was so great on this day that my patient's voice became almost extinct. Her pulse could hardly be felt, and I warned the family of the danger she was in.

I have in my library 20 volumes of an old French Journal, published by the Royal Academy of Medicine, Paris. In volume 3, I found a long report directed to the Academy, by Brettonneau, on diphtheria, in which he mentions his success, as well as that of Dr. Arctree, during an epidemic at Lyons, in the year 1819. During this epidemic it seems that all the cases subjected to the antiphlogistic treatment died, and Dr. Arctree decided to try *Alum*; which was the remedy employed by the ancient physicians as far back as the sixteenth and seventeenth centuries. They prepared a paste of Alum and water, and applied this paste with the handle of a spoon immediately to the affected parts of the throat, and at the same time gave Calomel. Dr. Arctree gives a long list of cases in this report, and says that from the time he commenced this treatment he saved every patient. This decided me to try Alum as a last resort. I accordingly dissolved some Alum in a half-tumblerful of water and gave a teaspoonful of the solution every hour.

I gave it in this way because my patient would not allow me to apply it topically, for fear that I would make her gag and vomit. On the following day I saw my patient about noon, and on examining her throat found that every particle of the membrane had disappeared. She said she felt better than at any time since she had been taken sick. She is now convalescent.

Three other cases, in which Alum was used with promptly beneficial results, are to be added to the above report.—*Dr. J. G. Houard.*

BRONCHOCELE CURED BY BROMINE.—About two years ago, being challenged to show some evidence of the effects of homœopathic remedies in a curative direction, I was given a case of Bronchocele to treat, that had been in a progressive state for at least fifteen years, in the person of a married woman, æt. 46, and the mother of six living children. She enjoyed excellent health, with the exception of this deformity. The enlargement was in the right lobe, and was bounded superiorly by the inferior margin of the body of the lower maxillary, extending from the symphysis to the angle, and inferiorly by the clavicle—filling completely the intervening space, and presenting externally as much convexity as might be equivalent to the concavity naturally existing within the boundaries above described.

Not wishing to show any want of confidence in my remedies,

I told the parties interested if they would give me six months trial, I would furnish the proof desired. Being reasonable people, and all patrons of the system, they told me I might have a year, and longer if I considered it necessary. I can assure you I felt an unusual responsibility, knowing how much might depend upon the result should it prove a failure. The tumor gave no inconvenience except to a very slight degree in the movement of the head, so I had no key notes to guide me. I decided to give Bromine, and accordingly directed that ten to fifteen pellets saturated with the second decimal dilution be taken every night. About this time I was a frequent visitor at the house professionally, but gave no special attention to this case, except to replenish the remedy when required.

About the expiration of the third week my attention was particularly called to the fact that the tumor was diminishing. The medicine was then given on alternate nights, and during the latter part of the second month the tumor had decreased to such an extent that the remedy was given twice a week, until the expiration of the third month. At this period so little deformity remained that the medicine was discontinued.

I saw the patient a few days since, and I could not detect the slightest remains of what was until the administration of Bromine, a *deformity indeed*. I do not present this report as an proof of the power of Bromine, homœopathically applied, but simply as some slight evidence of the efficacy of minute doses.

In relation to this patient I might mention a singular circumstance. She was troubled with degenerated nails. Wilson (I think) calls the affection scabrities unguium. He describes it as being "brittle from a morbid alteration of texture and converted into a white earthy matter which breaks up into shapeless granules on the application of the slightest pressure." The third finger nails on either hand were so affected. After the birth of her third child, the nails resumed their natural condition, but the child, now a young lady of eighteen, has been most constantly a sufferer from an inflammation of the Meibomian glands.—*Dr. A. H. Ashton.*

A REPLY TO DR. KORNDORFER.—For one homœopathic physician to find fault with the doings of others, is a very easy matter, especially when Hahnemann's writings can be employed to flagellate the delinquents: and sometimes it seems as though the principal use made of the words of the Master was for this very purpose of discipline.

In my own mind the query has often arisen, whether those most critical of our professional critics would not subserve the interests of homœopathy better by presenting examples—model cures—than by didactic animadversions; and whether they would not at the same time be themselves less liable to fall into inconsistencies, and even mistakes.

The most ancient idea of diseases was that they consisted in evil spirits which needed to be driven out. The medieval notion, even after the revival of letters, was a *material* one, exactly corresponding to the former spiritual superstition. Taking their cue from the suppuration of imposthumes, the critical eruptions in skin diseases, and the various crises which were observed to precede recovery from different kinds of sickness, physicians until near the present century—if not still more recently—may be said to have believed in a morbid material—*materies morbi*—which must be expelled from the system. But under the later developments in physiology and in pathology, there are no longer evil spirits to be exorcised nor peccant matter to be concocted and finally purged away with drugs or eliminated by the various natural crises; nor indeed any real diseases, actual entities, to be removed;—*only sick persons to be healed.*

Under the latest researches, pathology itself is determined to be nothing else than physiology perverted in either one or more of the three degrees into which it may be divided,—in sensation, in function, or in structure. In the first degree, the normal, pleasant and even unconscious operation of the interior organs becomes painful, and people are reminded, for the first time it may be, that they have a liver or a stomach. In the second degree, the physiological functions are augmented or diminished in their activity, or perverted more or less in other respects. In the third degree, without stopping at any intermediate stages, it may suffice to remark that the cellular products of so-called structural disorganizations, not excepting those of a virulent character, are hardly if at all to be distinguished from normal physiological cell-formations. It follows, therefore, that as in physiology there are innumerable normal conditions common to people in health, so in pathology there must be numerous morbid symptoms common to the various forms of disorders which individuals experience. Those writers, therefore, who use as literal that term *disease* which can really be but figurative, however justly they may find fault with others in other respects are themselves con-

victed of inconsistency, if not of positive inaccuracy. Strictly speaking, there are neither diseases nor the "immediate essence of the malady;" and pathology itself is but the general name applied to disturbance or perversion of the proper physiological condition of the individual.

Similarly to this community of normal conditions, and also of pathological states, we find many symptoms *common* to a great number of the more fully proved remedies in the *materia medica*. And as in the various disorders of the human system, so in the different remedies of the *materia medica*, there are numerous symptoms which are not only common, but for all practical purposes *indifferent*. Hahnemann's great principle of the *tout ensemble* of the symptoms is indeed all comprehending; and yet, in the actual treatment of the sick, it is often literally impracticable.

Copious as is our *materia medica*, thoroughly proved as are many of our remedies, in some instances physicians would search long and vainly to find a medicine which would exactly correspond to all the symptoms of their patient. Since the time of Hahnemann, great advance has been made in the science and art of homœopathy; and this is shown in that very principle of the *characteristics*; which here comes in most opportunely to relieve the physician from what in not a few cases would prove an inextricable difficulty. Fully as many of the homœopathic remedies have been proved, in the case of them all it may be said that there still remains vast and unexplored territory intervening between the present condition of the patient on the one side, and the actual proving of that remedy which may be of all the most homœopathic to his case on the other side. This unknown ground, if not virtually illuminated, is to some extent made passible by the principle of the *characteristics*; so that, if we but find a correspondence between the characteristic symptoms of a remedy and those of the patient, we may rest assured that if the remedy does not contain all the other symptoms, *it ought to*, and would, if it could be proved to that ultimate degree which we can only hope to reach in some few cases of involuntary proving or accidental poisoning.

No more unprofitable reading can be found in homœopathic literature than the prolix recital of innumerable symptoms of cases,—especially when these have been treated by several remedies in succession, rotation or alternation. Specimens of this method of reporting may be seen in the several volumes

of the *Homœopathic Examiner*, published in New York, many years ago. And no more instructive and valuable reading can be found, than that which sets down, even under the ordinary pathological names of special forms of disorder, the *characteristic symptoms* of the remedy corresponding to those of the sick, and by which those sick persons were healed; and finally, in my opinion, no more unfruitful mode of teaching could be imagined, than that in which are detailed the local and objective, to the exclusion of the constitutional and subjective symptoms of particular forms of sickness, diphtheria, for example. For here, as in other kinds of disorder, it often happens that the deciding characteristics alike of the patient and of the remedy may remain unnoticed. My meaning will be explained more clearly, perhaps, by the recital of the following case: A little girl, six years old, fleshy of unusually pale complexion, when first seen had both tonsils alike swollen and covered with the special diphtheritic exudation: there was some cough, but no difficulty in swallowing; fauces not remarkably red or inflamed; slight whitish coating on the tongue, such as is common when there is fever; restlessness, and very considerable fever all night; neither the gums nor the tongue swollen or sensitive; no dryness of the tongue or external sensitiveness of the throat; throat sore of course (a symptom so common to all such cases, and to numerous remedies, as to be of no particular value). This was the second day of the illness, and it was impossible to ascertain which side of the throat was first affected; and in view of all the symptoms of the throat, which seemed equally to indicate any one of several remedies, it was a matter of anxious doubt as to which should be selected. But from the consideration of the great paleness of the face and of the general fleshiness of the patient, *Mercurius bijod.* was chosen. Doses were given first at two and then at three hours intervals, and with this the child made a speedy and otherwise perfectly satisfactory recovery.

The same principle of the characteristic symptoms determining the choice of the remedy independently of the local or objective symptoms, is also illustrated by the following case: A little child, just beginning to run around, of lymphatic temperament, fleshy, relaxed fibre, was observed in the course of a day or two to have acquired a decided convergent strabismus of the right eye. The only remarkable symptoms of the *tout ensemble* of the case was, an habitual and severe

straining at stool (stools dark but not hard), which may have been the cause of the strabismus occurring, when before the eyes had always been true.

This characteristic of the individual—not necessarily of the special disorder for which treatment was sought—decided in favor of Alumina: under the influence of which, in the course of a week, the eye became perfectly straight, and so remained, although the supposed cause still continued.—*Dr. McClatchey.*

SCARLET FEVER.—W. J., at about 4 years. June 6th, eruptions had appeared before the child was seen, had taken allopathic house remedies. Symptoms. June 7th, stupid, sleepy, starting in sleep. Thirst. High fever, skin hot, yet moist. Eruptions brownish-red, and dull looking. Next day, stupor somewhat less; has pains in stomach and abdomen. Mouth sore, ulcers in mouth and at the angle of mouth. Nose sore, fluent acrid coryza. Arum triph.³ June 9th, but little change. June 10th, prior symptoms together with sore throat, worse on left side; violent pain when swallowing. Throat very sensitive to touch. Laches.³⁰ No relief next day. Seeming to have no reaction from any of the apparently indicated remedies, gave Sulphur³⁰, which was followed by improvement of throat, when suddenly tetanic spasm of arms, hands, feet, and partial of lower jaw set in: body was stiff, with slight opisthotonos. Great toe drawn up to nearly right angle with dorsum of foot; fingers stiff, open and distorted, thumb drawn back, at nearly right angle with metacarpal. Great prostration. Skin cold and bluish on face and hands, skin looked shrivelled. Face hippocratic. Eruption which during the week had continued dull looking, was scarcely visible. Gave Camphor³⁰, every hour, followed by improvement in a few hours. Lengthened interval of doses to six hours, then twelve hours for two days. Slight aggravations during the week were governed by Camphor^{1m} and ^{2m}, of which four or five doses were given. Desquamation was complete, the skin over the entire body coming off in large flakes: that of the palms of the hands, in one piece each. It may be worthy of note that this patient was cyanotic since birth.—*Dr. A. Korndærfer.*

PSORINUM.—This remedy, belonging as it does to a class which many physicians, either from aversion or carelessness, neglect to prescribe, is one of great importance. In the debility following violent acute disease, such as typhus, it ought not to be overlooked. In such cases it stands beside

Sulph. Phos. ac., and China, being in some cases really indispensable to a rapid recovery. In this form of debility I have used it with success.

In skin affections it stands in the front rank, and when indicated cannot be compensated for by another. In illustration a few cases may be allowed.

Mrs. —, æt 53. (Treated in 1870.) For a number of years affected by a scaly condition of the skin of the whole body. Skin has a dirty, tawny color, although carefully attended to. There has at times during these years been much itching, causing desire for scratching, which gave but temporary relief. Some months back the instep showed signs of eruption, which soon became a thick, dirty looking mass of scales and pus, painful and violently itching. At times the pain kept the patient awake at night. During a number of weeks various remedies were used. Sepia, Laches., Nitr. ac., Sulphur, Arsen., Creosot., yet no change took place save the gradual increase of the trouble, as before the remedies were administered. Finally, while studying Psorinum, the similarity of symptoms convinced me that it was the remedy; the thirtieth potency was given in repeated doses until improvement set in, which was within a day; after which occasional doses for aggravations. In a few months the cure was complete, both of instep and body, although the eruption was of at least a dozen years standing, and had resisted allopathic and homœopathic treatment prior to the use of Psorinum. The patient still keeps well, (1875).

Mrs. B., æt 30, had large suppurating pustules on the hands, particularly near the ends of the fingers. Has had eight or ten within a few weeks, and several more forming at present. Itching of body, particularly while in bed. Psorin.³⁰ in repeated doses, of which some half dozen were given during a few days, preventing the development of those just beginning, and healing those which were suppurating within ten days.

B——, æt 3 months; pustules and boils on head, particularly on the scalp; scalp had a dirty look and emitted an offensive odor; fine red eruption on the body, forming small white scales. Pustules on the hands. Psorinum³⁰. Odor removed in twenty-four hours. Eruption began to improve in a few days. Heard from the child several weeks later; quite well, and skin in much better condition; pustules and boils had disappeared; rash still on neck and one arm; later reports show continued improvement.—*Dr. A. Korndorfer.*

A CASE OF EMBOLISM.—A. B——, æt 60, occupation builder; six years ago had typhoid fever; two years ago had slight attack of paralysis, affecting left side, which lasted about three weeks, when he was entirely relieved except of a slight impediment in his speech, which has lasted ever since. Is more or less affected with rheumatic stiffness. On the morning of November 14th, 1874, objects became dim and black before his eyes. Shortly afterward, on walking, he became dizzy and fell. This was followed by sick stomach, inability to raise the head, dizziness intense when in recumbent position; was perfectly conscious and able to converse intelligently. Two hours afterwards became stupid, and could not be roused to give a single intelligent answer. He remained thus unconscious for thirty-six hours; then consciousness slowly returned, and with it a sensation of having six legs, four arms, and two bodies or chests, sight so dim that he could not distinguish faces of the members of his family; pulse forty, and full; skin hot and dry at times; face and head very pale, save slight flushes of face in afternoon, when the pulse would sometimes increase to forty-six; remaining thus for several days, when slowly but constantly improvement came on, so that in about three weeks the pulse was sixty to sixty-six; then dizziness more endurable, and sensation of only four legs instead of six; sight rather better, but double vision, straight lines seemed to fall to the right side. The extra legs, arms and body gradually vanished, so that in six or seven more weeks he felt like himself, except dizziness on slightest motion, and sick stomach when lying on left side, even if only for a moment. Since then steady improvement, till to-day, he is able to walk around with but slight dizziness, sight much better, appetite good, with slight improvement in use of right hand and foot. The impediment of speech has been but slightly increased by the attack.

During the last two years, I have noticed his pulse to be irregular, with thickened condition of the valves of the heart. These conditions are slightly improved, though not so much as I had anticipated, if the theory be correct (which I believe) that a clot of fibrinous matter was washed off from one of the valves of the heart and carried through the arteries until it reached one too small for it to pass through. In this case I believe the clot was lodged in the middle cerebral artery.

I recite this case merely to show the singularity of the recovery, the rationale of which I take to be, that as the brain

was supplied with more blood by collateral circulation and in proportion to such supply, increasing by the enlargement of the smaller arteries, so did the sensations and faculties return, beginning with the lower extremities and regularly progressing upward throughout the whole body.—*Dr. J. E. James.*

THE WATER TREATMENT OF SCARLATINA. This dreaded disease has been making itself known in our midst after a long period of freedom from its ravages. It becomes our duty to view the situation, therefore, with the hope of discovering something that may make the treatment of the disease yet more successful than heretofore. It might be well for us to discuss the question as to whether the water treatment is worthy of trial or not, and if deemed worthy, whether we dare carry it out. If we take up any modern medical treatise and turn to scarlatina, we will find it there laid down that baths, sponging with tepid water, the wet cravat to the neck, the wet pack and the cold wet pack are constantly recommended for keeping the skin in proper condition, for eliminating the poison, for taking the weight off the kidneys and thereby preventing some form of nephritis or post-scarlatinal dropsy, and for other good services these measures are alleged to render. I have just been reading a highly interesting and, in my opinion, valuable article on the use of the wet sheet in scarlet fever, by Mr. John Taylor, of Liverpool, England, published in the *London Lancet*, of Nov. 14th. This writer speaks very highly in favor of the wet sheet in these cases, and especially commends the "mustard pack" in cases where the rash does not appear in a proper manner, and there are evidences of sinking and loss of vital power. Can we afford to disregard all this testimony in favor of the use of water? We are to too great an extent the slaves of professional and public opinion, and I have no doubt but that we often fail to resort to measures about the usefulness of which we have little or no doubt, because some one in authority, even if self-placed, has decried these measures as pernicious and not to be used. Thus we are led away from the use of anaesthetics in midwifery, founding our practice on the arbitrary and dictatorial opinions of others, rather than upon our own judgment and the experience of those who have abundantly tried them. Thus too with other matters. And I fear that we are thus governed in our opinion regarding the resort to water in the treatment of typhoid and scarlet fevers. Bi-Bi, according to Elia, discovered the virtues of roast-pig by the accidental

burning down of his father Ho-Ti's house, the consequences of which nearly resulted in the utter loss of the art of architecture, so slightly did people build because of the necessity of house-burning in order to enjoy the delicacy which Bi-Bi's burnt fingers first revealed. But, says Elia, a philosopher at last arose, equal to Locke of more modern times, who invented the gridiron, and then it was found that pig could be cooked with less of a fire than the conflagration of a whole house made. Perhaps we go on burning our houses even after the discovery of the gridiron, because it is the popular plan. A doubting medical world looks on at the heroic Leibermeister while he subjects his own child, the darling of his heart, to the "trial by water," and when the child's life is saved, then they applaud and call it a triumph, and half of them at least, go and do (not) likewise.

Would any member of this association, having a case of scarlet fever to treat, dare resort to the bath, the wet sheet, or the mustard pack? And if none of us dare, would it not be well to inquire of ourselves why we dare not, and to go a step farther and inquire without fear or prejudice whether there is any good to be obtained from such measures, and then be governed in our practice by that consideration and by no other.—*Dr. M. Clatchey.*

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY

REPORTED BY W. H. BROWN, M.D., SECRETARY, *pro tem.*

THE Central New York Homœopathic Medical Society met at the Supreme Court room in Syracuse, December 17th, 1874. Members present: Drs. Spooner, Clary, Gwynn, Schenck, Murphy, Marks, Jones, Young, Brewster, Swift, Fry, Benson, Parsell, Crowell, F. Bigelow, Hawley, J. G. Bigelow, Frick, Loomis, Greeley, Hutchins, Southwick, Palmer and Brown. Dr. Schenck, the president, made a few appropriate remarks upon his accession to the chair, saying that he accepted with diffidence but with unfeigned pleasure the office to which he had been called, and he felt especially grateful for the honor conferred upon him, as he was constrained to regard it rather as an expression of good will than as a reward for any contribution which he had made to the scientific records or transactions of the society. He could hope to do little more than strive to maintain the present usefulness and activity of

the society, and to do this he invoked the cordial and earnest support of all members. He urged upon the members present to unite in the pursuit of scientific truth, each one contributing his treasures—be it little or great—to the common stock of knowledge. He spoke further upon the value of characteristics—the subject to be discussed. He had of late applied himself more closely to their study. Related cases of a practical nature, and emergencies out of which he had been helped by these characteristic indications. He said that blundering prescriptions were the rule all around us, and he gladly welcomed any key to guide us in the selection of the proper remedy.

Dr. Clary commended the address of the president, and said that practical things were what we should discuss in our meetings, and was glad that the president had chosen such a subject for his remarks. Thought it about time that speakers descended to the practical and ceased prating of our honorable profession, the great dignity of medicine and other like sentimentalism. While all this is mawkish to outsiders, it does no possible good to members.

Secretary read a paper by Dr. Nash of Cortland, on “The application of remedies in typhoid fever according to characteristic symptoms.”

A communication from Dr. L. B. Wells of Utica, on Characteristics, read as follows, viz. :

CHARACTERISTICS.

“That remedies have special characteristics which give them prominence in selection at the bedside we are all aware. These characteristics may be either the peculiar leading power of the drug as illustrated in the proving on the healthy organism; or it may be that the circumstances under which the aggravation takes place or the time of day in which the aggravation takes place, may either collectively be considered characteristic of the remedy.

“For instance the aggravation of *Pulsat.* is : worse in the evening and at night when lying down; *Arsen.* when by lying down and after midnight; *Lycop.* from four to eight o’clock, P. M.; *Nux vom.* in the morning; *Bryon.* in the evening. In the study of a remedy in connection with that of its relations to the diseased organism, these several particulars must be carefully observed as certainly as the peculiar characteristics of the symptoms of the case.

“In finding a leading characteristic symptom of a drug which harmonizes with that of a given case, afterward we find all the minor symptoms to harmonize with the case also.

“A few days since a lady called at my office for treatment. Her temperament was lymphatic and she carried I should think one hundred lbs. of adipose substance. One of her first symptoms described was a tendency to have a profuse sweat on her head and face. I thought to myself, why should I go farther in the examination of the case; but I did, and the farther I examined the more I saw *Calcarea*. I shall expect a favorable report when I see her again.”

Dr. Young had repeatedly verified the above symptom of *Calcarea*. Mentioned two cases of rickety children, both late in teething and bony development generally, that presented this symptom. In one case the recovery was rapid, in the other more slow, but certain.

Dr. Marks had also verified this symptom of *Calcarea*, and it rarely if ever failed him. The manner in which lime brought about the change in the system was discussed by Drs. Jones, Spooner, and Clary.

Dr. Jones said it had been sought to establish a connection in all cases between a deficient supply of lime and rickets, and in favor of this view it is urged that rickets commonly occurs during the first dentition, when much lime is required by the growing teeth, and that rickets affects the children of mothers in that state of ill health in which it had been established that lime is deficient in their milk. He thought that there might be a modicum of truth in this view, but he was inclined to the opinion that it was due to other circumstance with which at present we are not perfectly cognizant. Thought it must correct some condition of the system that was at fault; probably defective nutrition.

Dr. Clary agreed with Dr. Jones, saying that there was not merely deficient ossification of the bones, but unnatural growth and defective nutrition both in the skeleton and in the other tissue of the body.

At the afternoon session Dr. Southwick, of Rome, asked that small-pox and kindred subjects be discussed.

Drs. Jones, Spooner, Clary, Southwick, Hawley, Parsell and others took up the subject and discussed it in all its bearings.

VACCINATION.

On the subject of vaccination, Dr. Spooner considered vaccination as perfect a preventive as could be had. Once he had a patient in midsummer who had assisted in the burial of a small-pox patient. Taken sick, and the doctor then vaccinated his family, who had been thoroughly exposed for five days, and who had never been vaccinated; they did not take the disease. Said that he had given small-pox to patients by carrying it in his clothes.

Dr. Clary had confidence in the protective power of genuine vaccination. In vaccination we often fail in not bringing the system fully under the influence of the virus. Vaccinate in three or four places. Physicians are at fault in not watching the workings of virus; they rarely ever see a patient after having vaccinated him. Patients think that if a "sore arm" comes of the vaccination it must be all sufficient. Was suspicious of arms that swell to any great extent.

Dr. Hawley said that a person with a fresh vaccination could go about among small-pox patients with perfect impunity. Thought that vaccination run out in the course of time; did not think it the general rule, however, but as it did occur so often people should revaccinate during the prevalence of epidemics. His experience with humanized virus was related. Had procured a crust from an apparently healthy Scotch child, and used it to vaccinate another perfectly bright, healthy Scotch child; as a result he had a most aggravated case of tinea capitis, followed by marasmus, idiocy and death. A lady used some of the same crust to vaccinate her child with and as a result had got another case of tinea capitis. Another case related as observed by the doctor: A father had vaccinated his two boys from a humanized crust. Erysipelas began on third day after vaccination, in each spreading from the vaccinated spot; fourth day had progressed to right hand of both; fifth day left foot of each; sixth day face of each, and then the brain became affected; oldest child died; youngest recovered with double convergent squint. Traced the virus back and found that it had been obtained from a man who was troubled with erysipelas.

Dr. Jones had seen erysipelas following vaccination.

Dr. Spooner had seen cold abscesses follow vaccination, and three cases of skin disease.

Some of the members were of the opinion that the virus might awaken some latent disease in the system.

Dr. Clary had generally used the humanized virus, and in a somewhat extended practice, never had any eruptive or other disease follow its use; but he had been very careful in the selection of his virus. Had seen many bad arms following the use of the bovine virus.

Dr. Parsell read an interesting paper on the theme "Independence in Medicine," which elicited some discussion.

Subject for next meeting, March 18th, 1875, Diphtheria. Adjourned.

GLEANINGS FROM FOREIGN HOMŒOPATHIC JOURNALS.

DIPHTHERIA, WITH SYMPTOMS OF TRISMUS. Abby Kehm, æt. 11, a Pulsatilla temperament and complexion, had been several times treated for catarrhal angina. January 30th, she was again taken down with one of her usual attacks, but *felt more prostrated than usual*, for the usually lively child preferred now to be most of the time in the recumbent position, with several pillows under the head. As the usual remedies failed to give relief, I was called to see her February 1st. Found her in a crying mood, unable to open her mouth or to protrude her tongue on account of stiffness of the maxillary joint. Her breath was fetid, but examination of the throat was impossible; there was difficulty in swallowing, and the fluid taken frequently escaped through the nostrils. The swollen tonsils could be felt outside and were tender to the touch. Respiration was natural, and even a deep inspiration could be taken, which I advised the child to repeat frequently in order to get as much oxygen as possible into the lungs; pulse small, weak, over a hundred; bowels costive; sleep broken and restless. As the disease began on the left side, I prescribed *Lachesis*^m, in water, a teaspoonful every hour; if possible, to use a gargle of brewers' yeast with water.

Feb. 2d. State the same, the patient drivels a great deal of sticky, sometimes blood-streaked mucus and saliva; foul breath continues.

Feb. 3d. Patient is obliged to keep her bed on account of increased prostration; severe *stitching pain through the Eustachian tubes*, running up to the head and back to the neck; she begs her mother to support her head when the pain is very severe. All other symptoms the same. *Kali bich.*, 1st pec., in water, a teaspoonful every hour, especially as she had also during the day several paroxysms of suffocation. Gargle

as hot as she can bear it recommended. Outside application of salt-bacon in order to ease the stiffness of the joints.

Feb. 4th. When I came into the room my little patient smiled and protruded about half of her tongue, which looked mapped and showed the impressions of the teeth. Fœtor nearly gone. Mother tells me that during the whole night she discharged large quantities of fetid saliva, and that her morning sleep seemed to refresh her. For the first time in four days she drank a glass of warm milk and relished it. Continued Kali bich.

Feb. 5th. Steady improvement; the jaws can be nearly fully opened, and the tongue is cleaning off. Inspection of the throat, now for the first time made, shows the place where the deep ulcers were seated and are now in process of healing. Appetite improving, and she swallowed easily an oyster stew. Milk ad libitum.

Feb. 6th. Discharged my patient, and advised the mother to let me know if any untoward symptom should occur.

SULPHUR IN ERYSIPELAS. F. B., laborer, was taken down with fever and an inflammation of the skin under the elbow of the left arm. The joint was very painful, the skin hot and very red, and infiltrated with inflammatory exudation. Patient looks rather bilious, is sixty years old, and usually enjoys good health; the only time I ever treated him was for a neuralgia of the nervus supraorbitalis. The arm is now very sensitive, the slightest motion of the body increases the pain; even a dry titillating cough, from which he has suffered for a long time, is unbearable on account of the concussion of the body. He also complains of headache, thirst and restless sleep; sometimes of a constricting sensation in the throat. The pulse is not much accelerated, but small and thin. The erysipelas extended from the elbow all round to the extensor side of the forearm, and continued then to progress to the upper arm, showing at first a pale reddish hue, which gradually became darkened, and finally reached its acme in the production of vesicles of different size. At the same time enormous swelling and tension of the skin, with excessively burning pain. With the extension of the redness upwards, copious hemorrhages arose from the blisters, which turned black and only slowly dried up. Against this state I tried in vain for a week, Bellad., Kali chlor. (Schüssler), Apis, Rhus tox., Natrum sulph. (Schüssler), Arsen., Chinin. ars., Chinin. sulph., Lachesis. The erysipelas spread steadily upwards, soon reached the shoulder, and began to radiate

towards the neck and head. The pulse became still smaller and the sensorium not quite free; his excessive prostration justified some fear, especially if the exanthema should spread to the head or over a large surface of the body. In reading over the therapeutics given by Kafka in his excellent work, we found that this experienced physician finds *Sulphur* indicated "in every erysipelas appearing in subsequent throes, and which thus runs its course for a longer time than usual;" "it localizes the erysipelas and makes an end to this migratory character by increasing the activity of the cutaneous blood-vessels."

I gave Sulphur⁷, in water, a tablespoonful every two hours. It worked like magic; the migration stopped, the skin turned pale, no new blisters formed, and after a few more doses of Sulphur⁴, desquamation set in, and after a few days the patient was able to return to his work. (Translated from *A. H. Z.*, No. 22, 1874, by S. Lilienthal, M.D.)

APIS IN ANURIA. Enteric fever patients are prone, especially during the second week, to retention, during the third, to suppression of the renal secretion. The former is probably spinal in origin, and is due doubtless to temporary suspension of the inhibitory function possessed by the lower part of the spinal cord. It may be cured by "surprise." A convenient plan is to suddenly immerse the patient's hands in cold water.*

Suppression is not so easily overcome, but, in three consecutive cases, I have seen the best results follow the use of *Apis*.

The pathology of suppression is not so clear. If temporary, it is perhaps owing to paresis of the sympathetic control over the renal vessels. If persistent, true renal congestion is to be suspected; attributable to secondary blood-poisoning—one link in the chain of perverted blood-elaboration and depuration. Albumen is present in one third of all cases. The renal lesions are aggravated by the invariable dorsal decubitus.

APOMORPHIA IN CHRONIC SPLENIC VOMITING. A lady, æt. 22, had suffered for four months from dull pain in the splenic region, with frequent vomiting and occasional hæmatemesis. There was loss of flesh, but no other apparent deviation from health. I examined her and found an enlarged spleen, with tenderness of the cardiac extremity of the stomach. I diagnosed that the splenic engorgement had caused, first, passive congestion of the cardiac end of the stomach, then possibly ulceration. She experienced much relief from *Uranium*

* Or Goltz's plan, the application of a cold sponge to the anus, may be adopted.

*nitricum*⁶. The vomiting disappeared under Apomorphia³⁰, and the case was finally cured by quinine.

MEPHITIS, RUMEX, STICTA, IN PHTHISICAL COUGH. *Mephitis* is valuable in the spasmodic cough of phthisical girls, where *Drosera* fails.

Rumex 0 to 1, I find useful in the night cough of phthisis, with or without clavicular pain, and aggravated at 2 A.M.

Sticta sylvatica 0 to 1, affords manifest relief to the consumptive cough, with or without "splitting headache."

PETROLEUM IN INTERTRIGO. When this troublesome infantile affection appears behind the ear, I have found Petroleum³⁰ invariably curative.* The children of parents marked by the gouty or by the syphilitic diathesis, are more prone than others to intertriginous rash; this eruption may be Psoriasis, modified by peculiarities of position.

TABACUM FOR CLIMACTERIC AFFECTIONS, AND IN CARDIAC SLEEPLESSNESS. At the climacteric, and also during the presence of the catamenia, feeble patients suffer from the following symptoms:—Subjective coldness; epigastric sinking; nausea; palpitation; slight diarrhœa; great muscular relaxation, and excessive sense of wretchedness. This group I have found to speedily give way to Tabacum in the 3d centesimal dilution.

In the insomnia† especially of dilated heart, I have found this drug most useful.

There is a marked resemblance between the action of *nicotiana* and the results of dilatation. A glance at the pathogenesis of *Tabacum* shows us what a complete coincidence exists between the symptoms induced by that drug and by typical cardiac dilatation.

Whether we consider the hebetude from combined muscular relaxation and dread of vertigo on movement, the facial pallor or lividity, the cold extremities, the nausea and anorexia, the diarrhœa giving place to constipation, the various perversions of pulmonic innervation, the palpitation attendant on left pleural decubitus, the dark and scanty urine alternating with polyuria, the diminished sexual inclination, the muscæ, tinnitus, temporary anosphresia, and other perturbations of the special senses, the symptoms referred to the spinal cord [dry cough, nocturnal startings], to the medulla oblongata, and to the sympathetic system,—the chain is complete, the resemblance perfect.

* This has been the experience of the editor of this Journal.

† Aconite, Gels., Monobromide of Camphor, Kali brom., Moschus, Nux vom.

Can *digitalis* boast evidence in its favor so extensive and yet so accurate? It need not surprise us that habitual smokers come to us with cardiaphobia! Edward T. Blake, M.D., *Monthly Hom. Review*, Feb. 1st, 1875.

THE MEDICAL USE OF COLORED GLASS.

BY F. A. ROCKWITH, M.D.

UNDER this heading, Dr. G. M. Pease has presented a paper before the "Pacific Homœopathic Medical Society," and which appeared in the January number of the "*U. S. Medical Investigator*." In that paper Dr. Pease has touched upon a subject, which to me has been a matter of common practice for at least six or seven years, and of which I think that I too can speak with some assurance as to the correctness of my observations and theories. I have therefore thought it rather opportune to bring my own humble experience into notice; but, unlike Dr. Pease, can lay no claim to any Newtonian talent for original observation and discovery. Men who read constantly and much, particularly when occasionally one or more foreign languages take a part in such, are often led to practice that which at the first moment may seem to them original or self-inspired, because in the multiplicity of reading there must necessarily occur much, the text of which is short-lived, while the spirit, the idea, may continue for long after the memory part of the mind which imbibed it. Hence will we often find ourself with the index-finger and thumb spanning the sides of our *symphysis mentis*, soliloquizing thus:

"Let me see—I have read something somewhere, that so and so will act thus and so—which here might come *à propos*, etc., etc."

The physician who has in him the true genius of his calling, will, unlike the cyclopædists of the days of the French revolution, crack the nut of knowledge for the sake of knowledge, caring little about what may become of the shell; and hence will such a one, when brought upon the witness stand as a medical expert, speak rather in the strength of his own authority than that of the cyclopædical man of memory, who quotes authority, volume and page with utmost precision.

Thus in this matter of chromatics, I could not for the world say where I got my first authority; indeed, I have always thought it common knowledge. *Certes* (to use the quaint

mongrelism of speech of days now happily departed), certes, to the ophthalmologist the use of colored glass as an instrumental means is nothing new; and that, aside of his laws of optics, he should not have stumbled upon other effects and advantages, would seem to me most strange. I can appeal to any of my professional friends who have ever honored my office with their presence, that colored glass (red, yellow and blue, and by which green and violet are readily composed), are ever upon my table; not so much, however, for that use for which they are recommended in ophthalmology, as for diagnostic adjuvants in the differentiation of strictly cerebral affections.

Unlike Dr. Pease, also, I have yet to learn from experience or theoretic inductions that colored light has ever relieved peripheral symptoms, and least of all those of a blood-dyscrasia; but on the contrary, I have been led to use it as a certain and powerful differentiator between peripheral and central affections. I have used colored glass, respectively red and blue, as an adjuvant in the treatment of local cerebral anæmia and hyperæmia, but never for reflex symptoms from like causes, or otherwise, in any of the so-called *atria vitæ* of the body. Nor can I comprehend how so limited a motory agent as light could possibly act through any other than the optic tract (a strictly centripetal medium), whose sensations must necessarily be expended in the brain-mass, exactly as any other motory force would be received by corresponding nerve-tracts, and accomplish its curative effects equally as mechanically (physically), namely by mere molecular agitation. Only, if it could be proved that in the living animal organism chemical effects were obtainable from colored light (chromolytic effects), could such find their application in conditions requiring a change of composition. The purely chemical influence of light upon the plant organism can certainly not be brought into a comparison here, for light holds to the plant a strictly nutritive relation only.

We have in the red rays of light (or light transmitted through red glass), a convenient and often curative agent in certain forms of local cerebral anæmia, while the blue as often disperses a hyperæmia of an obstinate and long standing character, and which otherwise would not have been amenable to drug-treatment, because of the too frequently obscure and unclassifiable nature of its symptoms.

To a careful observer it is not really necessary to study the

effects of colored light upon the sick in order to become convinced of its physiological power. Let him but experiment upon a healthy yet somewhat nervously constituted subject, by alternately placing before his eyes red and blue glass, and it will not only be instructive but often absolutely amusing to see with what rapidity the facial muscles will give expression to the changing influences of colored light. He will perceive almost invariably a peculiar morose or stern cast of look when blue (cold) is influencing his sensorium, while muscular exaltation, vivacity and energy will animate the features again when this has been removed and a red (warm) light is substituted. Again, a lofty calm with an almost magnetic desire to persist under its influence when violet is made the influencing medium. In cases of nervous exhaustion, with general loss of fluid, an amber-yellow light will at all times prove stimulating and reviving.

But why enlarge upon these facts? Is not the knowledge of the psychical influence of color in general as old as the dyers art itself! The maniacal rage (cerebral anæmia) of the dyers in red, the melancholy (cerebral hyperæmia) of the dyers in blue, are but single instances. Yes! Dr. C. Hering has even carried this color-theory so far as to make flower-colors in medical plants the *signatura rerum* of their respective spheres of mental pathogeneses (Lobeliæ.)

As I have but very few instances upon my clinical record, where a cure was solely accreditable to the use of appropriately intercepted rays of light, I am not able to give as large a list of cures as Dr. Pease, and that because I have rarely had opportunities sufficient to be obliged to confine myself to this agent as an *only* means of prescribing.

The following, however, is of a sufficiently clear and unmixed nature to allow it to stand prominent enough as a reference and example for further efforts in a like direction:

Mrs. A— U——, Bellville, N. J., *æt.* 45 or 50, had met with a severe shock from fright during a railroad accident. Some considerable time after this disaster she became my patient. The general mass of symptoms pointed to a deep-seated melancholy of no well defined type in its psychical manifestations. No objective symptoms existed, but on the contrary so many subjective ones, that with my own unsatisfactory knowledge of the Hahnemannian Materia Medica, I sought in vain for the correct remedy.

But there existed this most characteristic and remarkable

feature in the case, and which to a Guernsey or a Dunham would no doubt have led to the finding of the correct homœopathic similimum, namely: *an excessive fear of light*, which notwithstanding the windows were covered and the rooms so darkened as to resemble a veritable "Egyptian darkness," *she still persisted in sitting with her back towards all places whence light was known or expected to emanate*. Yet this this fear of light must not be mistaken for an ordinary photophobia, together with all its usually accompanying symptoms of hyperæsthesia, but rather a *psychical abhorrence of white light*, or if permitted it is to coin a new word, a sort of *Notomania*.

To an artificial but dim light she did not object, yet would tolerate it only so long as absolute necessity demanded.*

Of all the drug-remedies used, that alone which yielded me any satisfaction whatever, was Dunham's 200th of *Cimicifuga*, but which, while it removed, perhaps, the former despondency, weeping and general gloominess of thought, was still unable to turn her night into day.

I did not make use of electricity, because I could not find the slightest justification for such a step, but on the contrary feared it rather than otherwise. Even music was out of the question, inasmuch as no acoustic indications existed. No other choice was left me but to select as a medium of cure capable of affecting the optic tract, the blue light. And great indeed was my astonishment when I found, that immediately after putting on a pair of Berlin blue spectacles of the darkest tint she was able to gaze into daylight again. The effect was instantaneous and permanent.

For many months after, she wore these glasses, but gradually reducing the tint to a lighter blue, was finally enabled to do without them and call herself cured.

P. S.—But for the fact that this paper has already occupied so much valuable space, I could have added many more hints and observations on the uses of vibratory forces, such as *sound*, *heat* and *light*, in their application to diseases of the nervous centres, but which I hope to have the opportunity to do whenever new occasions shall present themselves.

* It is perhaps needless to mention here that an ophthalmoscopic examination was out of the question, and hence the want of objective symptoms which a retinal examination might have furnished.

OBITUARY,

JAMES H. P. FROST, A.M., M.D.

DR. JAMES H. P. FROST, a former editor of this journal, died at Danville, Penn'a, at midnight on Thursday, January 21st, 1875.

Dr. Frost was born at Bethel, Maine, May 24th, 1825. He was the eldest son of the late Rev. Charles Frost. He was a graduate of Amherst, of the class of 1846. Shortly after receiving his degree, the doctor removed to Philadelphia, where he engaged in literary work and teaching for several years. Becoming interested in the study of homœopathy, he matriculated as a student of medicine in the Homœopathic Medical College of Pennsylvania, attending the first course of lectures at that institution, and receiving the degree of doctor of medicine in 1850. After spending several years at the south, he returned to Maine, and practiced successfully at Bangor, achieving an enviable reputation as a skillful practitioner. Unable, however, in consequence of ill health, to stand the severities of the climate and the labor and exposure incident to a large practice, he accepted, in 1865, the professorship of physiology in his medical *Alma Mater*, and consequently returned to Philadelphia, where he remained until 1868. During this period he, in conjunction with his colleagues, established the *Hahnemannian Monthly*, and was associated with Dr. Adolph Lippe in the editorial management of the journal. In addition to his editorial and professorial labors, he rendered very valuable assistance in the preparation of the first edition of Dr. H. N. Guernsey's work on *Obstetrics and the Diseases of Women and Children*. In 1867, he resigned the chair of physiology and accepted that of pathology. This change necessitated the preparation of a new course of lectures, and, under an accumulation of labors, the doctor's health, which was never good, gave way, and in March, 1868, he was obliged to sever his connection with the college and journal, greatly to his regret and that of his associates. He then spent some time in travelling and recreation, during which period of comparative rest, he prepared a variety of papers, of great interest and value, for the American Institute of Homœopathy, the Pennsylvania State Homœopathic Medical Society and the Central New York Homœopathic Medical Society; of all of which associations he was an


active member. Most of these papers have been published in the *Hahnemannian Monthly*.

His health being partly restored, Dr. Frost settled in Bethlehem, Pa., where he remained but a few months, removing from thence to Danville, Pa. Here, in a comparatively short time, he acquired a fine practice; but his health once more gave way, and, with brief but flattering intervals of ease, continued to decline, until death came to relieve him of suffering and to rob his patients of their good physician. The editor of the *Montour* (Danville) *American*, thus writes of him: "As a physician he was very much esteemed by his friends in this vicinity, who feel that they have sustained a loss that cannot easily be replaced. As a man he was admired by all on account of his profound learning and warm-hearted kindness and sympathy for everybody."

In the death of Dr. Frost, the homœopathic school has sustained a great loss. He was a man of very considerable ability as a writer,—clear, pains-taking, forcible and erudite. The numerous papers contributed to homœopathic literature attest this; and in none are his abilities more clearly exhibited than in the paper on "*Mysticism in Medicine, Ancient and Modern*," the conclusion of which will be found in this issue of the *Hahnemannian Monthly*. This paper was the last work of Dr. Frost's life, having been completed but a few days before his death. He spent much time and labor in its preparation, and notwithstanding the number of notes and references, every work mentioned was contained in his own library.

There is scarcely a homœopathic journal published in the United States that has not been enriched by his writings; and the numerous papers contributed by him to various medical societies, and contained in their published *Transactions*, are all marked by a ripe scholarship and a vigorous intellect. His literary work was not, however, exclusively medical; and a large collection of unpublished manuscripts attest his industry, his ability and the scope of his learning.

Dr. Frost was a genial, warm-hearted and kindly man. He was ever ready to do anything in his power to serve a friend, even at the sacrifice of personal comforts and advantages. We knew him well for several years, and during that period of pleasurable and friendly intercourse, his kind-heartedness, geniality, and obliging disposition never failed. *Requiescat in pace.*



PUBLICATIONS RECEIVED.

COMPENDIUM OF CHILDREN'S DISEASES. A HAND-BOOK FOR PRACTITIONERS AND STUDENTS. By *Johann Steiner*, Professor of the Diseases of Children in the University of Prague, and Physician to the Francis Joseph Hospital for Sick Children. Translated from the second German Edition, by *Lawson Tait, F. R. C. S.*, etc., New York. D. Appleton & Company, 549 and 551 Broadway, 1875. Pp. 408.

This work, which is well known and highly esteemed in Germany, is now presented for the first time to English-reading members of the profession; the translator, Dr. Tait, having awaited the appearance of the second edition, in order to comprise all the author's additions and corrections. The author has spent fifteen years of uninterrupted activity in the Prague Children's Hospital, and hence he is entitled to write such a treatise as the above, and command for his views and opinions the respect due to experience.

The work is divided into nine divisions. The first of these treats of the "Investigation of Disease." In this division we have clearly yet briefly expressed rules for examining the various organs, together with general rules for investigating the condition of sick children. This chapter is an admirable one, even in the mind of a homœopath who is capable of comparing it with the marvellously precise and unsurpassedly valuable directions of Hahnemann. The second division treats of "Diseases of the Nervous System;" and here we have first, diseases of the brain and its membranes, and second, diseases of the spinal cord and its membranes, including under the latter division *Meningitis Cerebro-spinalis Epidemica*. This disease is unfortunately not well presented, the author confessing that he has had no personal experience with it. His opening paragraph is the following unsatisfactory statement: "I class this affection with diseases of the nervous system, for its nature is not yet known, though it is more than probable that the local affection is only an indication of some acute zymotic disease." Had the author availed himself of the writings of American physicians on this subject, he would have been able to have presented a more acceptable chapter, even without any personal experience of its nature and treatment.

"Diseases of the Organs of Respiration" are comprised in the third division. In this chapter we find *Asphyxia Neonatorum*, Diseases of the Nasal Cavities, Diseases of the Larynx, of the Trachea, of the Thyroid Body, and of the Lungs and Bronchi. The fourth division is devoted to the consideration of the "Diseases of the Organs of the Circulation and of the Lymphatic System." The fifth division treats of "Diseases of the Organs of Digestion." This chapter opens with some excellent preliminary observations on the nourishment of children and yet there are some points to which we take exception. For instance, the author recommends the "addition of an elastic tube, about six inches long, between the bottle and the mouthpiece," when giving advice regarding the nursing bottle. The "elastic tube about six inches long" is, in our opinion a frequent cause of disease, particularly among the children of the poor, who are not generally remarkable for cleanliness. It is almost impossible to properly and thoroughly cleanse this tube, even if the greatest effort be made to do so; and when we consider that babies are often laid in their cradles, with a bottle full of milk and an elastic tube attachment to suck at *ad libitum* for hours, to keep them quiet, we need not wonder that their stomachs and bowels

are disordered. These elastic tubes are devices for lazy mothers. A flat bottle with a gum or ivory sucking teat attachment—without any intervening hose—is the best form of nursing bottle. Again, our author rather disparages the “condensed milk” when comparing it with fresh cow’s milk. He writes, “The condensed milk can be recommended as a valuable substitute for fresh cow’s milk for the nourishment of infants, even though it only has the relation to the latter that the dried herb has to the fresh and living plant.” It may be that in Germany fresh and pure cow’s milk can always be obtained, even in the large cities, and under such circumstances, we would not wish to use the condensed milk. But in our large cities, where the milk is almost always adulterated, it is a great comfort to know that we can have a certain, uniform and pure preparation in the condensed milk.

These preliminary observations on nourishment are followed by sections on Diseases of the Mouth and Throat, of the Oesophagus, of the Stomach and Intestines, of the Peritoneum, of the Liver and of the Spleen. Under the head of Cholera Infantum, we find the following remarks. “If the child has been prematurely weaned, it must be again placed at the breast, either of the mother or nurse; or if it will no longer suck, the milk drawn from the breast must be given to it by the spoon. If the food has previously consisted of cow’s milk, that had better be entirely avoided, and diluted beef-tea with rice, barley, or oat-meal gruel substituted. Should the child vomit these also, some of the other substitutes for the natural food must be tried, such as have been elsewhere mentioned; but the most useful will often be found to be pounded raw meat mixed with red wine, given in small and frequent doses, and for drink either rice water, infusion of saleep, or diluted beer which has been boiled may be given with advantage.” The author does not think much of the use of drugs in this disease, although he states that Bismuth is sometimes useful.

The Sixth Division treats of “Diseases of the Urinary and Sexual Organs,” and has an appendix on Diseases of the Umbilicus. The Seventh Division is devoted to “General Diseases of Nutrition,” including Rickets, Scrofula, Tuberculosis, Purpura and Rheumatism.

The Eighth Division treats of the Zymotic Diseases, including Scarlet Fever, Measles, Rötheln, Variola, Typhoid Fever, Relapsing Fever, etc. In regard to the treatment of scarlet fever, the following is noteworthy: “The difficulties and complications of more severe cases must be treated symptomatically, it being always borne in mind that there is no specific for scarlet fever. For the reduction of the high temperature, cold baths, or cold wet packing, when they can be used, are undoubtedly the best means; or Schneeman’s plan of rubbing the patient over with lard may be tried, but though it does reduce the temperature it seems to have but little else to recommend it.” He recommends that “the body and bed-linen should be changed daily, though this latter point may be objected to both by parents and practitioners.” And he further remarks, in concluding the section on scarlet fever that “the urine should be carefully examined from day to day until the stage of desquamation has completely passed, for till that time no case of scarlet fever is free from danger.”

Our author uses the terms Measles and Morbilli as synonymous, as well as the terms Rötheln and Rubeola. Of Rötheln he says that it cannot be identified either with measles or scarlet fever, for its

course is either not marked at all, or only very slightly, by general symptoms, or by anything beyond a spotty redness of the skin. A number of cases of Rôtheln have been observed in Philadelphia during the past winter, and the disease has been called by the people the "twenty-four hour rash."

Our author holds sound views on the question of vaccination, having a firm belief in its efficacy. In regard to the possible dangers of vaccination he writes as follows: "Much has been said about the communication of other diseases by the agency of the vaccine virus; but it is not known to take place in the case of any but syphilis, and then only when the lymph is mixed with blood of the affected child, and this can be avoided by a little careful inquiry into the history and appearance of the child from whom the matter is taken, and by always acting on the rule of never vaccinating from a child under three months old. Of 12,000 vaccinations we have performed in the Prague Hospital no such case of infection is known. If the vaccine pustule should take on a cancerous appearance, then it may be that the child is syphilitic and the vaccination has only induced a local indication of it, or it may be that the disease has really been communicated by the virus—a possibility which should be borne in mind.

"A number of opponents of vaccination have arisen who assert that since its introduction the human constitution has been weakened, and that scrofula, tubercle, and even mental disease have become more common; but they do this either from want of experience, intentional perversion, or from simply repeating what they have heard from others, without being able to adduce any facts in support of it."

The testimony of such a man as Professor Steiner is worth something, especially when backed by the experience derived from 12,000 vaccinations. The author might have added another to the moving principle of the opponents of vaccination, and, so far as our observation goes, a very common one, viz.: a deliberate intention to be singular in something and thereby attract attention and make a reputation for wisdom.

The ninth division treats of "Diseases of the Skin, and the work concludes with an Appendix. "Rules for the Management of Infants," issued by the Staff of the Birmingham Hospital for Sick Children. An Index is also furnished.

The work is issued in the usual excellent style characteristic of Appleton & Co.'s publications. We unhesitatingly recommend it to our readers as a valuable addition to any medical library. On sale by the publishers, and by J. B. Lippincott & Co., Philadelphia.

THIRD ANNUAL REPORT OF THE BOARD OF HEALTH OF THE DISTRICT OF COLUMBIA, 1874.

We have been favored with a copy of this interesting and valuable report, by our friend, Dr. T. S. Verdi, of Washington, D. C., who is a member of the board. In addition to matters of purely local interest, the volume contains much that will be of interest to all persons interested in sanitary science and public health. In the "Report of the Sanitary Committee," (which consists of Dr. T. S. Verdi and Dr. W. Bliss,) we notice amongst other valuable papers a very strong article in favor of vaccination. It is not a little singular that so much argument is necessary to get people to believe in and consent to vaccination; but it is harder to get men to consent to be saved than it is to get them to consent to be hanged.

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No. 9.

QUINIA, ITS HISTO-PATHOLOGICAL OPERATION UPON THE RED BLOOD-CORPUSCLES.

BY FRANK A. ROCKWITH, M.D.

THE "United States Medical Investigator" of February 15th, devotes a page or more to Dr. W. A. Hammond's experiments with Quinia. The whole report is, however, too exceedingly meagre for me to judge of the full purpose as well as subsequent deductions of Dr. Hammond. I can, therefore, select only so much of the article as seems to ask for the additional matter relative to the subject therein considered, namely, "*These phenomena (Quinia provings) indicate cerebral hyperæmia. But Dr. Hammond experimented also upon a trephined dog with a cephalo-hammeter. In no case in the latter experiments did the instrument show a less amount of blood in the brain than normal.*"

To understand this apparently contradictory result in Dr. Hammond's experiments, it will be necessary first of all to inquire what we really understand by hyperæmia? *Dunghison* makes *Andral* answer the question by saying: "Preternatural accumulation of blood in the capillary vessels."

Again, *Leubrische*, in his "*Gehirn-Krankheiten*," says somewhere: "A hyperæmic brain is generally swollen and feels harsh to the touch;" and elsewhere of cerebral hyperæmia: "We recognize it best in the *arachnoid*, mostly, however, by consecutive states, such as turgidity and thickening; oftener, however, in the *pia mater*, in which the vessels may be seen very distinctly swollen; the dilated vessels are then not only enlarged, but also varicose and of increased length."

Leidesdorf, in "*Psychische Krankheiten*," describes "the *dura mater* as rarely found alone hyperæmic, but that it is more generally in contiguity with hyperæmia of the subjacent membranes, when it manifests itself only by a stronger injection of the vessels."

In Burrows, "*On the Cerebral Circulation*," there occurs this passage: "In fifty-three out of seventy-two cases examined, the vessels of the brain were found *congested*; sometimes they were *turgid*; at other times *extremely turgid*; and, upon one occasion, Mr. Lawrence reported that he had never seen the bloodvessels of the brain and its membranes *more injected* with blood."

Ekkers has even gone so far as to institute actual measurements of the capillary vessels, with the following result: 0.275–0.310 millim. for hyperæmic, and 0.152 millim. for normal vessels.

And finally, we may sum up the whole by the more satisfactory and word-sparing sentence of Gross in his "*System of Surgery*:" "Congestion signifies an accumulation of blood in a part—the word is synonymous with hyperæmia." As a rebuke to forward and hastily judging anatomists in post-mortem sections, Professor Engel, of Pray, makes this remark in his "*Leichen-Erscheinungen*," also of significance to our study of this subject: "What anatomist has not been compelled to listen to the statement, that a testimony of anæmia was given because of a partial sanguineous depletion of the base of the brain; and again of *hyperæmia* because of a partial fulness (wrongly called over-fulness) of the *sinus spinalis*?"

When we carefully consider these various quotations in conjunction with the above statement of Dr. Hammond, we shall be forced to accept the synonymity of the word "*hyperæmia*" with that of Engel's "*overfulness*" of the bloodvessels; or, with the more explicit, but roundabout definition of *quantitative increase above the normal demands of necessity*. If we, however, examine yet the purpose for which each respective quotation was penned, we shall find that congestions or hyperæmia may, after all, have different characters, as well as causations, so that instead of speaking of hyperæmia as a quantitative condition of the blood in the bloodvessels, we may also be obliged to recognize a qualitative one.

So far it has been generally taught that hyperæmia may result from the poisonous effects of drug matter (toxicæ); from that of disease matter (septicæmic); from plastic ob-

structions (embolic); and from traumatic compressions, without considering the here indicated opinion that quantitative increase, with its resulting over-distension of the vessels, might not be the invariable condition. But Dr. Hammond's experiment has unwittingly, perhaps, made a big hole in this Chinese wall of the accepted doctrine. The phenomena indicated cerebral hyperæmia, and still the cephalo-hæmometer failed to indicate even the slightest degree of a variation from the normal!

Can any one read this and not examine the question closer? Quinia was taken and symptoms of hyperæmia resulted; still no metrical conditions were found to verify them. Shall we stop here? Shall no justification for the acceptance of these symptoms be sought for, by nevertheless finding more objective verification than those of the given sclerotic injections? It must certainly be an altogether different condition, when congestion of a part occurs from mechanical causes, purely local in character, and when that condition has resulted from a systo-diastolic defect of the blood-propelling apparatus, or is caused by a qualitative condition of the injected fluid itself. A proposition, heretofore ignored altogether, at least as a symptomological differentiator.

Now, it is well known that Quinia does not produce a local vaso-structural or embolic obstruction to the flow of blood in the brain capillaries, but has been taught to act in general upon the muscular and vascular system (both arterial and venous), with a specific influence upon the ganglionic system. Yet some authors have added to this that it *also possesses the power to affect the plasticity of the blood*, without ever attracting more than a passing attention.

But neither this pharmacological definition of Quinia, nor the previously cited nosological quotations concerning hyperæmia, are able to bring daylight into the histological aspect of the *modus operandi* of this drug upon the molecular elements of the animal organism, unless we can establish facts which shall justify a differentiating classification in the various phenomena of hyperæmia. And, if such evidences can be established, it must follow that there exists one hyperæmia from purely structural causes, which merely hems the flow of the normally constituted blood, and for which "*congestion*" would stand as altogether the most fit expression; and another for strictly hæmato-chemic conditions of the sanguineous

fluid itself, for which perhaps "*hyperhæmatisis*" would be the more proper designation.

Unfortunately we do not possess, as yet, any absolute chemical evidence of a qualitative change of hyperæmic blood, or at least none which could at present be relied on. Not so, however, with the histological evidences, which an untiring and painstaking class of inquirers have of late years brought to light.

One of the most brilliant results, and by which the sought-for evidence has become almost conclusive, has been obtained by Dr. W. Manasséin, who no doubt was guided in this matter by Welkers, in that "there can be no doubt that one of the most principal parts of the functions of the blood-corpuscles must be sought for in the measurement of its volume and its surface."

Dr. Manasséin was led to make pharmaco-histological investigations concerning the influence of certain drugs upon the dimensions of the red blood-corpuscles, by the following correct and logical deductions, namely:

"That the augmentation of tissue-change in the various structures of the animal body, which constitutes the most material phenomena of fever, must doubtlessly lead to an accelerated motion of the blood constituents, and that hence also the blood must necessarily both take and give more in this than the normal condition." Citing Bartels, Botkin, Leyden, and others, he says further: "That numerous observations have shown us, that a fevering organism loses weight, whereas in all probability a part of water is still retained, which in a different condition it would have eliminated; it must follow therefore, also, that tissue-waste is not covered by the tissue-repair; and that hence it can hardly be possible, that an accelerated flow of the blood substances never takes place in such a manner, as that no change should result in the plasma.

"But every alteration in the composition of the plasma must necessarily also react upon the blood-corpuscles, which, since they are wholly surrounded by a liquid medium, are subject more than any other histological element of the animal organism, to the influence of the exo- and endosmotic conditions. And it is *a priori* perfectly reasonable to expect that this influence must affect also the dimensions of the blood-corpuscles, according to whatever the conditions of the tissue-change may be.

"If we now accept the theory that the blood-corpuscles are altered, according to the tissue-change, into larger or smaller dimensions, we shall be forced to admit further, that with exception perhaps of various forms of exhaustion, no other possible pathological process can be found which more than fever is capable to produce the abovementioned alteration in the red corpuscles.

"It will be necessary to remember here, that the red blood-corpuscles are the essential elements of tissue change, that is, carriers of oxygen into all the capillary realms of the organism.

"The increased presence of the urinous pigments in fever patients, too, points among others in the direction that the red blood-corpuscles must

fulfil a most prominent part in fever, for the pigment can only be a product of the hæmoglobin of the red corpuscles, etc."

It is by such inductions that Dr. Manasseïn was led to make innumerable and certainly very laborious measurements of the red blood-disks, upon animals out of all the various classes of the animal kingdom, taking the blood from both sexes and from various portions of their bodies, and otherwise observing the most careful manipulations in order to obtain reliable results.

The agents employed were septicæmic poison, cold, heat, alcohol, carbonic acid, prussic acid, morphine, and quinine; but in no case were they used in life-endangering doses.

In order not to swerve from the subject which heads this article, and particularly in consideration of the object which prompts me to select it for our consideration, as well also that it is not intended here to review or advertise the book of Dr. Manasseïn, but to use it rather as an explanatory authority in considering Dr. Hammond's experiments, I shall confine myself exclusively to experiments with Quinia.

And while upon this subject, it may be well to repeat here Dr. Manasseïn's foot-note of Binz, "That it really ought to be considered inadmissible to use any other but the *muriate of quinia* in all pharmacological and clinical experimentations, but that notwithstanding scientists [like Schrötter and Hammond, for instance*], still persist to use the traditional bisulphate of quinia."

In Manasseïn's experiments, the muriate of quinia was used in aqueous solution of two per cent., without any addition of acid. In all fifteen animals were experimented upon, and in each the same results were shown, namely, enlargement of the dimensions of the red blood-disks, as for example:

Number of experiments.	Animal.	The long diameter of the normal disk is to the drugged disk as 1 to	Broad diameter of the normal disk is to the drugged disk as 1 to
CLXVI,	Hedgehog,	1.08	...
CLXV,	Tom cat,	1.07	...
CXXVII,	Dove,	1.05	1.06
CX,	Chicken,	1.05	1.03

* This bracket is my own.

If now we apply these metrical researches in the quinia toxicoses of the red blood-corpuscles to those of Dr. Hammond, we shall find ourselves forced to accept the arguments of a qualitative condition of the hyperæmic blood, as capable to distend and increase the volume of the vessels equally as marked and extensive as by mere injection from kinetic force.

A given quantity of a mixture of amylum and glycerin, of comparative fluidity with blood, might be forced through the capillary network of a membrane, and, regulated by pressure, may be made to simulate congestion in its quantitative sense; and so also might the same mixture under the additional influence of SO_3 be made to qualify the amylum bodies into an augmentation of their size, and their consequently retarded flow through the capillaries.

Here, as there, the result would be an augmentation of dimensions; here, as there, the inciting cause would be catalytic, and the changes wrought still chemic; here, as there, the agent used to produce this change would be eliminated from the heterogeneous mixture [and what else is blood?], unchanged in quantity and quality. For, that quinine is but a "*contact body*," which merely increases the oxygen carrying capacity of the blood-disks (exactly as prussic acid and morphine possess the opposite power, as evidenced by their reducing influence on the size of the blood-disks) is made manifest both by Manassein's results, and by the previously well-substantiated chemical fact, that all the alkaloids are found again unaltered in the contents of the excretory channels.

The immensity of practical scope which this field of investigation has opened in pharmacological science, particularly when the results of the metrical dimensions of the blood-disks shall have found further support by the as yet incomplete studies of the numerical relations of these bodies under similar conditions, can only be augurated, not by the progress which itself has made, but by the good which it has already done, in solving such obscure questions as those concerning hyperæmia, for instance, and which, no doubt, more than chemical manipulation, is likely to establish the catalytic law of the *modus operandi* of drugs in the living organism.

ERRORS.

BY ADOLPH LIPPE, M.D.

IN No. 7, vol. x, page 203, of this journal, we find a paper by Prof. S. Lilienthal, on the physiological action of homœopathically selected remedies, with illustrations.

The Professor, at the close of his elaborate paper, tells us that, in Dr. Wright's case of "palpitation" (hypertrophy of the heart?), because the palpitations and weariness were spinal, and there was needed a remedy that nourished and strengthened the spinal cord, *Cactus grand.* cured the doctor. What are we expected to learn from this apparently very scientific remark? Why only this, that a person suffering from palpitation of the heart, with weariness which is spinal, must have a remedy which nourishes and strengthens the spinal cord, and that *Cactus grand.* is that remedy. Who knows how *Cactus grand.* nourishes and strengthens the spinal cord? And does the selection of this spinal nutriment depend upon our "guessing" of the spinal condition, and its need of nourishment to strengthen it? And pray where do we find such therapeutics sustained by any of Hahnemann's teachings? Are we to go back to guesswork? The homœopathist not anxious to display a physiological livery, but who is really desirous to cure the sick, learns by a less circuitous mode of reasoning why *Aconite*, *Belladonna*, and *Lachesis* did not, and why *Cactus grand.* did give such great relief to the patient. *Aconite* could not benefit him, because he found relief when he laid down *quietly* on his back. If *Aconite* had been the proper remedy, the sick man would not have been able to lie *quiet*. He would have sought relief by tossing about in anxious restlessness. *Belladonna* could not relieve him because the palpitation was not simultaneously felt in the head; nor does he report that his breathing was slower than usual. *Lachesis* could not relieve because the sick person, suffering from palpitation of the heart, to be benefited by it, must sit up, and cannot bear to have anything touch the neck, for fear of suffocation. *Cactus grand.* did relieve promptly because the sick man was relieved by lying on the back *perfectly quiet*, while the suffocating constriction of the throat, similar to that indicative of *Lachesis*, did not become any worse while lying down. That is the lesson the homœopathician learns; nothing more, nothing less. If he chooses to apply a physiological paint-brush to the picture he can thus amuse himself. It is

his "liberty" to do so. But to teach that Aconite is good for vascular excitement, and exerts its influence *profoundly* upon the delicate arterial capillary vessels, suppressed nerve-power, etc.; or that Belladonna, according to that prince of physiological perverters, Brown-Sequard, is a stimulant to the capillary circulation, or according to Hughes, is characteristically indicated in *excitement with perversion of function*, and that it is more a cerebro-spinal than a ganglionic remedy; or that Teste considers Lachesis the chronic Belladonna, is to teach ERRORS which we really had hoped could never be resuscitated after Hahnemann so successfully exposed, and, as it was supposed, annihilated them, giving us in their place rational, comprehensible, and valuable advice, based on fundamental principles.

The paper alluded to begins with this proposition: "Three distinct factors are necessary to produce a cure. *First. The exploration of the disease*; in other words, the totality of the subjective as well as objective manifestations of the diseased state in particular persons. *Second. The exploration of the effects of the medicine*; i. e., to find out the action of a given remedy on certain tissues. *Third. The proper application of the medicine.*"

Hahnemann gives these three factors in § 70 of his *Organon*, but our Professor puts his own interpretations upon at least factor second, and therein falls into grave errors. Will he not let us know how he can possibly reconcile his explanation of the second factor with common sense, applicability to homœopathic practice, or to Hahnemann's explanation of it, which he gives in §§ 120-145 of his *Organon*? "We must find out the action of a given remedy on certain tissues to know the effects of a medicine," says Prof. Lilienthal. Of course we have to find *that* out, but if we understand the Professor rightly, we need know nothing more. The knowledge of the locality on which a remedy acts is only one point; another point is the kind of pain produced by the remedy; but the most characteristic symptoms of a remedy are the aggravations and ameliorations, according to time and circumstances, which belong to it, and last but not least, the effects upon the mind. The "mind" is left out by our learned Professor, and he only deals with "matter." Do we understand him aright when we assume that he utterly ignores mental symptoms and all that makes them characteristics, and that he advocates *materialism*? The allopathic school, from

the days of Hippocrates to those of Hahnemann, has advocated materialism; and it would seem that Prof. Lilienthal is desirous of smuggling this belief into the homœopathic school. He teaches that all that is necessary for us to know is the action of a remedy upon certain tissues. This is indeed an extraordinary "new departure." Possibly the *motive* of the learned author of a variety of papers intended to show how much better our school would look if it were bedecked with a physiological livery, returned to the worship of men and authorities, gave three cheers for Brown-Sequard, Headland & Co., and abandoned the fundamental principles taught by Hahnemann, accepted by his true disciples, who were, by and through them, enabled to attain to "unparalleled success in curing the sick," is undoubtedly to secure "peace," "union," and "harmony." But truth and error should never be combined; they will not mix more readily than will oil and water. A school of medicine based solely on materialism, and which has offered new theories every few years, to be rejected that other theories, perhaps yet more false and pernicious, might be accepted, can lay no claim to a right to swallow homœopathy and its practitioners. Let us read the *Organon*, and be governed by its elementary and fundamental principles.

OPIUM IN INTESTINAL OBSTRUCTION AND FECAL TUMOR.

BY CLARA C. PLIMPTON, M.D.

(Read before the Homœopathic Medical Society of the County of New York.)

Mrs. M., age 32, Irish, a cheerful, fresh-looking woman in health, entered the Hospital for Women, 301 Lexington Avenue, at about 3 P.M. December 11th; she was suffering very much from what was supposed, by the one applying for her, to be uterine tumor. From the physician who had occasionally treated her for a year or two previously, I learned that in December, 1873, she was treated for cervical endometritis and ulceration of the os. Again was seen November 31st, 1874, and then reported that her menses had stopped for five months, but had returned six weeks before. At that date it was almost impossible to introduce a speculum, from the obstruction by the tumor, which was thought to be uterine. The history I obtained from the patient after her admission was as follows: She had borne seven children in about eight years, all of which, except the second and third, were foot

presentations, and were born dead. Last child was born about two years ago last April, and "she had never felt well since;" got up in about two weeks, and then had yellow spots, looking as if full of matter, come on face and arms, which disappeared after a little, but her whole face and body were *yellow*, "like jaundice," for a long time. About a month after confinement there commenced a fearful pain in abdomen, "which felt empty, and when she walked she felt as if her whole bowels would come out;" the abdomen was very much swollen; then came an *awful* pain in the back, sacral region, which was relieved by pressure. "I used to press my back against the wall, and also hold it with both hands, and it felt as a felon does on the finger." This pain continued in the back for months; had never entirely ceased. About seven months ago ceased menstruating again, and commenced to bloat very much *immediately*; tongue very much coated, and mouth tasted badly in the morning. Some two or three months since—she is rather indefinite in regard to time—was awakened in the night by a very intense pain, "as if everything cracked inside her," which abated after a time, and she slept; soon after rising in the morning, while upon the chamber, she passed a large clot, "looking like coffee with a little milk in it," without any pain. Examined the clot herself, but not carefully, as "she felt something hard in it, and was frightened." That day did her usual work. For the past three months has had much pain in defecation, and dysuria; has at some time within that period had what the doctor who was called in told her was "chills and inflammation of the bowels." Has always been inclined to constipation, often going a week without a passage, and then passed "little dark lumps;" has taken any quantity of cathartics and enemas without benefit. At the date of admission, December 11th, had had *no* passage for about two weeks, and had not been able to sit up, she suffered so much. Upon examination, found the abdomen very tympanitic, especially just below the umbilicus, where there appeared to be lumps of large size, as if the intestines knotted up at every pain; per vaginam and rectum could detect a tumor of large size and extreme hardness filling the whole space between the rectum and vagina, and producing considerable rectocele; the tumor was of *stony* hardness, over which the rectum and vagina were movable, and the rugæ of the vagina felt like the rings of the trachea. The uterus seemed

raised entirely above it, the os resting nearly upon the upper portion of it.

Dec. 12th. Tumor was examined hastily by both Dr. Minor and Dr. Baner, who happened to be present, but Dr. Minor did not feel ready to give a diagnosis until he could make a more thorough examination. About noon I found that there was a constant discharge from the rectum, like the white of an egg, much increased after every pain, and the pains were almost continuous. Complained all the time of "wind in her abdomen, which seems as if it would strangle her;" vomits after taking any food; much eructation, but no flatus. She suffered so much with intense pain, coming on and passing off very rapidly, with evident congestion to head, and sensitiveness to all touch or motion, even jarring the bed, that Nux vom. and Carbo. veg., *u*, prescribed by Drs. Minor and Baner, were changed to Bell. 2^o, late in the evening; after a little time she seemed more comfortable, and slept some.

Dec. 13th. Was quite comfortable during the day. Bell. continued; but as I now felt convinced that the trouble was intestinal, and the tumor fecal, at night I gave an enema of olive oil, but was able to pass up only a little.

Dec. 14th. Much the same; gave Lye., and repeated the enema.

Dec. 15th. Ether was administered in the afternoon, and a thorough examination made by Dr. Minor, who found the intestines contained much fecal matter, especially throughout the length of the colon, although all the swelling and pain were in the small intestines; there was an angle formed at the upper extremity of the rectum, and so much constriction there that I could not pass the end of my finger into the opening, and it appeared as if the sigmoid flexure had dropped down between the rectum and vagina, and was filled with fecal matter. After much kneading of the abdomen and tumor, the latter seemed a trifle softer, and the intestines quite free from "wind." The enemata of olive oil, with the yolk of an egg added, were continued for three succeeding nights, by attaching to the syringe a male catheter, which with considerable difficulty was passed beyond the obstruction. She passed quite a comfortable night.

Dec. 16th. Was comparatively easy until afternoon; about evening Sulph. 2^o was given, and after some time she passed flatus, for the first time in two or three weeks, with much

relief. During all this time both hot and cold applications were made, with only temporary relief.

Dec. 17th. Sufferings continued to increase again, and after the last enema was given, about 9 P.M., she had the most intense pain in the abdomen, and the small intestines just below the navel were so dilated that they felt like a tumor; she located all the pain in that place, and would clutch it with both hands with every pain, and groan as if in perfect agony. She vomited much, of fecal odor, and even the exhalations from her body had the same odor.

Dec. 18th. Much the same; no sleep, and only little ease.

Dec. 19th. Chloroform was again administered, with only about an hour's relief this time, and now the vomiting became very persistent and offensive, hiccoughing set in, her face was covered with clammy perspiration, and she was very much exhausted. Dr. Minor saw her about 9 P.M., and considered her in a very critical condition. The pains now came every two or three minutes, and then she would drop into a stupid, heavy sleep; at 2.30 A.M., as she seemed to be growing worse all the time, having had scarcely any rest for nearly forty-eight hours, I concluded I would try Opium, which I had thought about several times during the day; the 30th being the highest I had in my case, I gave her a dose of it dry upon her tongue. In about fifteen minutes she slept, and so quietly that the nurse thought her dead.

Dec. 20th. At 4.45 A.M., she awoke and called for the chamber; had a *large offensive black* stool, and from that time through the entire day and night she continued having stools as often as every fifteen minutes; after a few hours they became lighter colored and softer.

Dec. 21st. Stools nearly every hour, growing more natural in color and consistency. The abdominal muscles have been so stretched that it seems as if there is nothing but integument over the intestines.

Dec. 22d. Stools every two or three hours until about 5 P.M., having passed in all more than two gallons, I think. Has had no pain since she took the Opium.

Dec. 24th. Sat up all day. Gave one dose of Sulph. 2°. The tumor has decreased very much in size, but the parts have still very great hardness and thickness. Bowels move two or three times daily. Rectocele entirely receded.

Dec. 29th. Discharged, feeling entirely well.

Jan. 15th. Came for examination as requested. Parts quite

normal; no hardness existing except about the size of a silver dollar, at upper part of vagina, in cul-de-sac. "Bowels have never been so well; always one and generally two passages daily." Speculum introduced without difficulty.

Feb. 20th. No hardness; everything normal. Bowels very regular.

"THE LIMIT OF ATTENUATION; WHERE IS IT?"

BY S. B. HIGGINS, M.D.

IN the May number (1873) of the N. A. J. of II., was published an article from the pen of Dr. Swan of New York, giving some clinical cases of cures effected with the ^{mm} (millionth) potency of *Nux vomica*—which potency was made by Dr. Boericke's machine. Since that time, Dr. Swan has invented a machine which potentizes with great rapidity, and by means of which he proposes to test the potency question still further.

About the 20th of January, 1875, I received by mail from him a powder of the 10^{mm} (ten millionth) potency of Sulphur, prepared at the instance of Dr. E. W. Berridge, of London, Eng. The following cases from my record-book seem to prove that at the ten millionth attenuation, the action of a drug is as strongly marked as at the 3d or 6th.

No. 1. Case No. 684. E. J., black, female, married, no children, æt. 32. January 21st, found her decubiti. Sup. at 10 A.M., with a colliquative diarrhœa, stools fifteen minutes, they are very fetid, dark-colored, quite liquid, and mostly blood and mucus. Has had this diarrhœa for fifteen to sixteen hours. Feels much soreness to touch across whole abdomen. R. Merc. viv. $\frac{6}{10}$ drops in 1 pint aq. a swallow after each stool. 22d, 9 A.M., no better; in addition to above symptoms has much rumbling of wind in bowels, and a stinging sensation in anus after each stool.

These additional symptoms pointed to *Apis mel.*, so she got R. *Apis mel.* $\frac{12}{10}$ drops in 1 pint aq., ut sup. 22d, at 1 P.M., she was no better, but rather much worse. Stools every fifteen minutes, of a half-liquid slime, frothy, yellowish-brown, soft fecal matter and mucus, mixed with long clots of bright red coagulate sang. Spasmodic pains in entire umbilical region; no heat to touch in abdomen, but much soreness; no fever; much pain across renal region, but no pain to urinate. This A.M. had a

sharp, shooting pain in the chest, through transverse axis of mammae; described as though a skewer was passed from base of right mamma on right side to base of mamma on left side. She told me at this stage she attributed the commencement of diarrhoea to having eating some slightly tainted beef. The cause pointed to Carbo veg., but the greater number of symptoms seemed to point to Sulphur, so she got *R. Sulph. 10^{mm}* Swan, one powder dry on the tongue, and placebos of *aq. fort. cum sacch. lac.*, a swallow at each stool. After the powder she had one stool in an hour, and none afterwards, all pains and soreness having disappeared. 23d, A.M., she vomited much bilious matter; three to four times was sick at stomach till 2 P.M. (aggravations of Sulph?), but had no stool during the day. 24th. Entirely relieved of all pain, and feels perfectly well.

Feb. 10th. Cure confirmed, no relapse.

No. 2. Case 962. H. H., mulatto, æt. 30, married. Is a fireman on a locomotive on the A. L. R. R. Feb. 6th. Has had sore eyes for four weeks, and tried different kinds of eye washes, etc., but they get worse instead of better. At 7 P.M., an examination of both eyes made very carefully revealed only a row of minute ulcers along the tarsal edges, interior surface; angles of both eyes filled with pus; matutinal agglutination of lids; sight normal in every respect; excessive photophobia and lachrymation, aggravated by exposure to the cold wind or air; lids smart on edges, and at times he feels a burning sensation in them; externally, they are oedematized (right lid most), and the edges covered with granulations and scabs. Sclerotica of both eyes slightly red. Patient denies any syphilis or scrofula. He got *R. Sulph. 10^{mm}* (Swan), one powder dry on the tongue, and placebos of *sacch. lac.* 8th, 7 P.M. Says his eyes have been almost well since 7th, A.M. Less oedema, right lid; redness of sclerotica gone; no pain of any kind, and all other symptoms have disappeared. *R.* four placebos, one every two days. 14th. A friend of his told me he saw him this A.M., and that he said his eyes were perfectly well, although he has been running on the locomotive every day since the 7th, exposed to cold winds and a temperature varying from 20° to 40° F.

No. 3. Case No. 931. M. T., mulatto, female, æt. 24, no children, a house servant. On January 27th, 1875, she presented herself at my office, at 11 A.M. Has an eruption of minute,

almost confluent vesicles, on both arms up to elbows, and on both legs below her knees; none on any other part of body. Pruritus excessive, much aggravated by scratching; has had a harsh, dry cough for three weeks; worse at night; spells almost continuous; cough provoked by a tickling sensation in the throat below the glottis; constant sensation of weight in centre of sternum, with a heavy, dull, aching pain. Since cough begun has had pains at times in lower edges of both pleuræ. R. Sulph. 10^{mm}, Swan, powder, dry on the tongue, and placebos of aq. font. cum sacch. lach. 29th. Eruption coming out worse all over the body, with excessive pruritus; all other symptoms gone. February 2d. Eruption and pruritus gone; she says she is perfectly well. 12th. No return of eruption; says she can sleep soundly at night now, which she could not do for a long time previous to having taken the first powder I gave her.

It does not seem probable, or possible, that either one or any of these cases would have cured itself, either in the time given, or in any short period of time. The systems of the patients were all of them under the exclusive influence of the action of the remedy administered.

The only reasonable judgment we can form in all these cases, seems to be that the *ten millionth* potency of Sulphur has proved itself to have a decided action on the functions of the intestines, on the functions of the eyes, and on the functions of the skin; all of which are simply corroborations of its action in the lower potencies. The whole profession is indebted to the enthusiasm and whole-souled interest which has prompted Dr. Swan to open up a new field, and we are promised soon to have the 25^{mm} (twenty millionth) potency for experiment and use.

Those of us who have used, and do use constantly (in all cases where a perfect similia can be found) from the 10^m to the C^m potencies, find that single or a few doses will effect the quickest and surest cures we have ever made; and, therefore, we feel assured that the most brilliant future that ever dawned on the history of medicine lies in the general use, by the profession, of the highest potencies.

NOTABILIA IN MATERIA MEDICA.

BY S. LILIENTHAL, M.D.

POISONING BY *CICUTA VIROSA* (RADIX).

As a person in Dorpat poisoned himself with this plant, the doctor made experiments with the watery and alcoholic extract on cats and dogs, especially as the poisonous qualities of the plant could not be chemically shown in the autopsy. All his experiments on animals proved that all the severe gastro-enteric symptoms of irritation, described by authors, could not be detected by the accidental vomiting, which only takes place with a full stomach. The characteristic of the poisoning consists in peculiar, decidedly clonic muscular spasms, only interrupted by short free intervals, not tetanic nor reflex, extending from the muscles of the head and neck to all the other muscles of the body, especially to those of the respiratory apparatus. These spasms are nearly always introduced by loud screaming and slight convulsive trembling, and a kind of horripilations are observed before and after the convulsions; finally, consciousness remains perfectly intact. Even before the convulsions break out, the person becomes unsteady in his gait and position, and the convulsions are very quickly followed by general paralysis, with loss of consciousness, even followed by death. Autopsy reveals the stomach and intestinal canal perfectly intact; the blood dark and perfectly fluid; the brain and spinal cord show considerable venous hyperæmia and œdematous infiltration; the large venous bloodvessels of the thorax and the lungs are also full of blood. It is very important to notice that the cadavers of those poisoned by *Cicuta* resist decomposition for a long time, and it seems probable that the juice of *Cicuta* root possesses antiseptic action.—C. Trojanowski, M.D., in *Dorpat Med. Zeitschr.*, v, 1874.

[Hahnemann advised the use of the water hemlock years ago in chronic affections, and even the imperfect provings of that time gave symptoms which indicated its great therapeutic value in even acute cerebro-spinal diseases. Venous hyperæmia and stagnation of the blackish fluid blood seem to lie at the root of all symptoms, and no wonder, therefore, that so many of our physicians consider *Cicuta* nearly a specific in meningitis cerebro-spinalis, especially where such symptoms prevail as spasmodic stiffness of the whole body, especially of the upper and lower extremities, and twitching of the head; sudden convulsions, passing over into trismus, tetanus, and opis-

thotonos; swollen tongue; violent gastralgia, with vomiting; spasms of the pectoral muscles, and painful distension of the abdomen; difficulty of being roused from sleep; bluish, puffed face; the pains in the head beginning in the back and moving forward.

Comparing the post-mortem appearances after death from *Cicuta* with those from meningitis cerebro-spinalis, we again find great similarity, as:

Meningitis Cerebro-Spinalis.

No emaciation; the stiffness in death long continued; extensive dorsal hypostasis; muscles of a dark color (infiltrated with blood, as it were).

Calvarium hyperæmic; quantities of fluid or softly coagulated blood in the sinuses; exudation in the subarachnoidal spaces; the brain more or less hyperæmic; nearly always of *diminished resistancy*; in the neighborhood of the ventricles even pulpy; between arachnoidea and pia spinalis more or less gelatinous, purulent exudations.

Poisoning by Cicuta.

Decomposition sets in very late.

Meningeal arteries and pia mater congested; vessels tinged with blackish fluid blood; *substance of brain rather hard*, with bloody points throughout; choroid plexus red; serous fluid in ventricles and at base of brain; spinal coverings, dura and pia mater, have vessels congested; gray substance darker than natural.

Symptoms.

Headache, from the very start, with unclouded consciousness, with restlessness, moaning, and crying.

Pains in the *spinal column*, aggravated by pressure on the spinous processes, or by motion.

Painful neuralgic pains in the *extremities*, caused by irritation (motion) of the posterior spinal roots.

Hyperæsthesia, followed by anæsthesia of the skin; tetanic spasms in the cervical and dorsal muscles, of such severity that the patient cannot lie on the back, and preventing free respiration.

Heaviness of the head; compression from both sides of the head; stupefying pressure in the forehead, worse during rest; the congestive headache relieved by the erect position.

A shock in the dorsal vertebræ; opisthotonos; cramp in the cervical muscles, with inability to move the head; stiffness of the neck, not allowing of the head being turned; tonic spasms of the cervical muscles; dull pain along the vertebral column, increased by contact.

Frequent, involuntary jerking and twitching in the arms and fingers, the lower limbs, and the head; trembling in the upper and lower extremities.

Violent tonic spasms, so that the curved limbs could not be straightened, nor the straight limbs curved; the limbs are tossed to and fro; want of breath, caused by tonic spasms of the pectorales.

Epileptiform convulsions.

Paralysis, especially of the facialis, oculomotorius, abducens.

Mental symptoms: At first unclouded; patients answer rationally, but feel restless and anxious, followed by deliria, and finally sopor.

Sensory disturbances: Keratitis, in consequence of paresis of the musculus orbicularis palpebrarum; choroiditis and neuroretinitis exudativa (Natrium nitricum?) from direct extension of the purulent infiltration; deafness is frequent from the same cause.

Skin: Herpetic eruptions from the irritation of trophic cutaneous nerves; more rarely erythema, roseola, urticaria, petechiæ, sudamina.

Severe epileptic spasms.

Anxious about the future; moaning; great tendency to start; complete loss of consciousness, or stupid feeling in the head, with chills; the neck felt stiff, and the muscles too short.

Only neuralgic symptoms; contraction of the pupils, followed by considerable dilatation; photophobia; diplopia; things look black; roaring in the ears; hardness of hearing.

Suppurating eruptions, with yellow scurfs and burning pain.

By such a comparison we see that *Cicuta* can only be indicated in some particular cases of meningitis cerebro-spinalis, and Teste (*Materia Medica*, p. 185) clears up the whole matter by showing the relationship of *Cicuta* to some kind of psora, and remarks: "The suppression of the eruption, to which *Cicuta* corresponds, gives rise principally to cerebral diseases, because these eruptions are habitually situated at the forepart of the hairy scalp, or on the face (*Æthusa*, *Bovista*). As an antipsoric, the suppurating eruptions of *Cicuta* become clear to our mind, and most of the neuralgic symptoms may only arise by a reflex action of an hereditary or suppressed (metastasis) cutaneous eruption."

It is remarkable that Trojanowski in his experiments observed only decidedly clonic spasms with unclouded consciousness; whereas all our text-books lay down tonic and tetanic, even severe epileptic spasms, as characteristic of the water hemlock. This shows that a re-proving is still necessary with a preparation which must be *Cicuta* and not *Conium*. In fact, Nothnagel (*Materia Medica*, p. 74) considers both plants as possessing similar therapeutic action, and strikes, therefore, *Cicuta* from his armamentarium. May it not be worth while to study the consonances and dissonances of these two remedies, in order to bring some light to bear upon them.

Conium.

Spasms and attacks of weakness in hysteric females; hysteric fit, with chilliness, and a kind of spasmodic movement.

Much troubled with vertigo when lying down, and while turning over in bed; vertigo as if he were turning in a circle; dizziness when walking, as if he would *fall to one side*.

Stupefying headache, as if the head had been *bruised by blows*, or would fall to pieces; increased by moving the eyes towards the affected side; drawing in the head, the brain having gone to sleep; relieved after a meal.

Insensibility of disposition; mood serious; solicitude about the future; very rarely delirium; imbecility more frequent than insanity; great concern about trifles.

Numbness and coldness on one side of the head; itching of the hairy scalp; eruption of several pimples above the forehead, painful to the touch; *falling off of the hair*.

Pupils dilated; optic illusions predominant in dark or prismatic colors; ophthalmia serofulosa with photophobia; obscuration of the cornea, consequent upon shocks and contusions; *presbyopia of old people*.

Otalgia and otorrhœa; serofulosa; hard hearing, and painful sensitiveness of hearing, causing one to start; accumulation of ear-wax, mixed with purulent mucus; roaring and humming in both ears.

Sickly and pale complexion; herpes and spreading ulcers on the face; soreness as from excoriation on the skin of the face; pimples on the

Cicuta.

Convulsions, especially in women and children, hence eclampsia during delivery and confinement; convulsions brought on by the abuse of Opium; hysteric spasms and tetanus; catalepsy; tetanus (opisthotonos); trismus (after a cold); violent shocks through the head, arms, and legs, which cause them to jerk suddenly; convulsions, with contortion of the upper part of the body and limbs, with blue face, and frequent interruptions of breathing.

Vertigo, reeling as if he would *fall forwards*; all objects around her seemed to move like a pendulum, to and fro; he is constantly on the point of falling down, or he fell down without uttering a word.

Headache, as if the *brain were loose*, and were shaken when walking; amelioration by sitting erect, or by the emission of flatulence; stupid feeling of the head, with stiff neck, as if the muscles were too short.

Indifference to all things; confounds things of the present with those of the past; suspicious, excited, and apprehensive of the future; sad when others are cheerful.

Considerable eruption upon the hairy scalp and on the face; extensive suppurating eruptions on the hairy scalp; jerking of the head backwards.

Twitching of the orbicularis; contraction of the pupils, followed by considerable dilatation; photophobia; protruding eyes; staring look, everything appearing black, or blurred, as if sight were vanishing; diplopia.

Sore pains behind the ears; considerable eruption on the ears; pimples below and in front of the ears, their tips being filled with pus, and painful like a boil; roaring before both ears; worse in the room than in the open air.

Chronic eruption at the forepart of the hairy scalp, on the face and on the hands, consisting of lenticular pustules of a bright-red color,

Conium.

forehead; prosopalgia at night; nervous toothache of *pregnant women*; gnawing, boring, lancinating pain from walking in the open air, or from eating something cold.

Spasms of the jaws; gnashing of teeth; looseness of the teeth; the gums are affected with a burning pain, and bleed easily.

Involuntary deglutition; violent ptyalism; frequent hawking of mucus; stiff, swollen, painful tongue.

Loss of appetite; cold scentless flatulence; *putrid taste in mouth* when eating or swallowing; bitter and sour taste; violent thirst; canine hunger; bitter vomiting.

Rapid inflation of the stomach with pressure and subsequent arrest of breathing, ameliorated by passing off wind; gulping up of sour substances from the stomach; acrid heartburn; nausea and vomiting of pregnant females; vomiting like coffee-grounds.

Frequent stitches in the anus during stools; constipation, with constant and ineffectual urging to stool, with vertigo while lying down; painless diarrhœa, exhausting diarrhœa; undigested stool; discharge of mucus or blood per anum, with burning or cutting pains; heat in the lower part of the rectum.

Urine oftener diminished than increased; sediment white or gray; cutting in the urethra during or after micturition. Diabetes?

Inflammation of prepuce; pain in the testes; especially after erections; swelling of testicles; especially after contusions; excessive sexual desire, but feeble embrace; violent itching or stitches in the pudenda and vagina; uterine spasms; delaying feeble menses or total suppression; leucorrhœa,

Cicuta.

confluent, oozing, generally with a slight itching, which is only felt in the warmth or on parts where new pustules break out.

Lockjaw; the mouth is full of foam; grinding of the teeth; jerking of the head from before backwards, accompanied by jerking of the arms.

Inability to swallow, the throat appearing to be closed, and feels bruised externally when touching it; dryness of the mouth.

Great thirst during the spasms; continual hunger, even after a meal; *hiccough*, waterbrash, nausea, vomiting without removing the lock-jaw; or want of appetite from the sensation of dryness in the mouth; no appetite after swallowing a mouthful; the food presses in the abdomen, as if he took a full meal.

Burning and scraping sensation from œsophagus to stomach; throbbing in the pit of the stomach with anxiety; heat in the abdomen and chest; rumbling in the abdomen with considerable emission of flatulence.

Itching in the rectum close above the anus; rubbing induced a burning pain with shuddering, after walking, when standing still and during stool; sensation in the right groin as if an ulcer would burst.

Retention of urine; difficult emission of urine in the night, or frequent micturition and the urine comes out with full force; paralysis of the bladder.

Pollutions without any lascivious dreams; during the menstrual molimina drawing-jerking pains in coccyx; delaying menses.

Conium.

white, acrid, causing a burning sensation; or thickish, milky, with labor-like colic from both sides of the abdomen; sterility during suppression of the menses; inflammation, swelling, and induration of the testes and of the ovaries; mastitis, galactorrhœa; scirrhus and carcinoma of the uterus and mamma.

Dry, spasmodic, nightly, almost continual titillating cough, with violent oppression of the chest and evening fever, especially in scrofulous persons, and pregnant women; cough with influenza, with *violent nightly cough*; cough with white saltish discharge; hæmoptysis.

Hysterie asthma, *asthma senile*; shortness of breath after the slightest movement, with oppression of the chest and dry spasmodic cough; violent palpitation after drinking, or when rising from bed; frequent shocks in the region of the heart.

Pain as of *soreness* in the lowermost cervical vertebræ and in the small of the back; drawing in the lumbar vertebræ when standing; apparent enlargement of the neck, increase of the goitre.

Erratic and evanescent itching; stinging sensation as of flea-bites in different parts of the body, in quick succession, but single bite at one time; *fine, scarcely visible eruption* on the face, back, and body; nettle-rash from violent exercise; chronic herpes, humid or crusty and burning; fetid, ichorous ulcers, petechiæ; blueness of the whole body; gangrene of one portion of the ulcer.

Drowsiness in the daytime, even when walking about; night-sleep interrupted; feels too hot in bed, and has to get up; nightmare with anxious repulsive dreams about bodily mutilations, dead persons; unrefreshing night-sleep.

Conium is especially useful in cases where tuberculosis, scrofulosis, carcinomatous cachexia, and paralysis prevail. It is a panacea for old men. It restrains the activity of the absorbents, and acts well, there-

Cicuta.

Hoarseness; cough with copious expectoration, especially in daytime; sensation in the chest and throat, as if something of the size of a fist, and pressing the throat asunder, were lodged there, impeding respiration; worse when sitting than when walking.

Want of breathing, with heat in the chest; tightness in the chest, with heat all over; pressure at the lower end of the sternum, as after a shock, and as if sore, when walking.

Tearing-jerking in the os coccyx; a shock in the dorsal vertebræ; opisthotonos; cramp in the cervical muscles, with inability to move the head; *tonic spasms* of the cervical muscles; sensation as if there was an ulcer on the right scapula.

Burning-itching over the whole body, inducing scratching; *suppurating eruptions (on the face)*, with yellow scurfs and burning pain.

Sleeplessness the whole night; frequent waking, with sweat all over, the sweating making him feel stronger; vivid dreams at night about the events of yesterday; obtusion in the head early in the morning on rising.

Cicuta acts particularly upon the nervous system, producing mental derangement, paralysis, particularly of the organs of sense, convulsions, vertigo, stupefaction, delirium, predominance of suspicion or

Conium.

fore, in old contusions, bruises, etc. It causes depression of the muscular motility, which is increased by rest, and ameliorated by motion. It affects strong persons of a sedentary habit more than lively and slender persons and children. Its (questionable) beneficial action in cancer is attributed by *Harley* to its power to relax and paralyze the adjacent muscles.

Cicuta.

mistrust; fantastic illusions; attacks of madness; insensibility; anxious state of mind, tending towards moaning and howling; catalepsy, the limbs hang down, and the patient appears lifeless; violent tonic spasms, each muscle being perfectly rigid; epilepsy, with frightful contortions, bluish face, interrupted respiration, and frothing at the mouth.]

"VERTIGO IN BACK OF HEAD" CURED BY PETROLEUM.

BY O. M. DRAKE, M.D.

VERTIGO, particularly on rising up from bed, a chair, and on moving, feeling as though he was intoxicated, worse in P.M.; he don't lose his eyesight, neither do articles in the room seem to move. The dizziness he says is in the *back of the head and in the left side* of occiput, and it seems to go all over him, making him feel numb and stiff; sour eructations, some nausea; dislikes bread; has hot flashes, sweats by night, and is greatly troubled by an itching of back and thighs; *no* eruption. This last was so bad he would have his wife rub his back and thighs with a rough stick. I should have said he described this dizziness "like a whirling in his head." Carbo veg. did nothing for him, but Petrol.^{2c} cured him in the course of a few weeks. Has had no return since.

HAHNEMANN ACADEMY OF MEDICINE.

THE regular meeting of the Academy was held at the Ophthalmic Hospital Building, January 27th, 1875; the President, Dr. Finch, presiding.

A motion was made by Dr. Hills that a list of those proposed for membership should be given to the Chairman of the Trustees for approval, which was seconded and carried. Dr. Hills also moved that a committee of three be appointed by the Chair to arrange some plan of work for the Society during the coming year. This was seconded by Dr. Lilienthal, with the amendment that the President, Vice-President, and Secretary compose that committee, which was carried.

The Society then listened to the *Inaugural Address* of the President, Dr. Joseph Finch.

The Epidemic Cough Remedy.

Dr. Lilienthal asked if any one had found the remedy for the dry, hacking, teasing, shaking cough, worse at night, but continuing both day and night, which is now quite epidemic in the city, and should have some prevailing remedy.

Dr. Swan suggested Phosphorus C^m; Dr. Yeomans Belladonna; Dr. Moses Conium 30th, and Pulsatilla high. Dr. Lilienthal had found this cough quite common with pregnant women, particularly affecting the abdomen. Dr. Fleming suggested Bryonia. Dr. Lilienthal had used Squilla because of the abdominal jarring and involuntary emission of urine when coughing, but with no effect. Dr. Boynton said Dr. Allen had used Cantharides during the last week or two with much benefit in coughs. Dr. Lilienthal said all his remedies lost their effect in a few days, no matter in what potency they were given. Dr. Wait had given for a similar cough, night and day, aggravation at night, Hyocyamus. Dr. Piersons said, where there was heaviness and *soreness* in *upper bronchi*, with dry, teasing cough night and day, Bryonia 1^m had invariably cured in two days' time, or at least had changed it so that expectoration was produced. With hard cough in pregnant women Conium was a favorite remedy with him. Dr. Swan had a patient, old lady, with similar *cough, as soon as she commenced to talk*, which was very speedily cured with Stibium 1^m.*

Æsculus glabra.

Dr. Fleming had verified *Æsculus glabra* in one or two cases. One patient had *fulness* and *heaviness* in the head, without pain, with vertigo and faintness toward evening. Belladonna was given but failed to benefit; he then gave *Æsculus*, and there had been no trouble since; the patient had no other symptoms except the fulness, heaviness, and vertigo. Dr. Lilienthal thought much of this condition could be accounted for as resulting from constipation.

Constipation.

Dr. Fleming had another case; a servant girl with *consti-*

* The above-described epidemic cough has yielded very handsomely to *Rumex crispus* in Philadelphia.—*Editor H. M.*

pation, dyspnœa, with tasteless eructations of gas in enormous quantities, red face, pressure in head, and giddiness, for which he would like some suggestions. Dr. Swan said Carbo veg.; but that had been given. Dr. Lilienthal advised Ox gall, which might be prepared by evaporating the gall to consistency of pills, and taking one or two grains daily. Dr. Swan had it potentized. Dr. Finch had given as high as the 30th of the gall of the red fox, Vulpis fel., for chronic indigestion, with tendency to constipation and sedentary habits. He had one case where there was violent pain, and obstinate constipation, with colic so severe in region of ileo-cœcal valve that for hours violent inflammation seemed imminent; he gave Vulpis 1st, a drop or two in water, with very speedy relief from free expulsion of flatulence; other remedies had done nothing. He also had an obstinate case of bilious vomiting where Colocynth had done some good; but the first dose of Vulpis relieved. Another young married woman had habitual violent dysmenorrhœa, to relieve which she had drank so much gin that she had become stupid and a drunkard. When he was called the pain had been so severe that convulsions ensued, which had been controlled until morning with chloroform; then bilious vomiting had set in, which could not be controlled; he found a washbasin partly filled with the bile she had thrown off. Vulpis 1st or 2d cured. He confessed that heretofore he had given it rather empirically from traditions concerning it. Dr. Lilienthal said the animal could run very fast, hence for those who can't make the least exertion without asthmatic dyspnœa and short breath, in fact those who can't run fast, it is very appropriate; that Raue recommends it for asthma from least exertion. Dr. Gross said Grauvogl gives the same. Dr. Wait said in a case she treated, where there was indigestion, with pain, and such excessive eructations that the patient could hardly sit at table to eat, she had given it with no success, but Carbo veg. 1^m cured. Dr. Swan said he uses pure Carbon instead of Carbo veg.

Verifications of Borax.

Dr. Piersons had verified Borax. Patient, young lady, had an attack of pneumonia, right upper lung intensely sore, cough persistent. Bryonia and several other medicines produced no effect. Upon questioning her, she incidentally remarked that for several years she had been unable to go down stairs without vertigo; could go up well enough. He gave Borax 1^m

every hour for three or four hours, which not only entirely removed the aggravation from downward motion but also cured the lung.

Causticum Cough.

He also said that where there was cough, with pain over and in left hip, with involuntary emission of urine, *Causticum* invariably cured. Dr. Finch inquired if any one had verified the "feeling as of slacked lime in the stomach," said to belong to that remedy. No one had.

Nux Vomica Cough.

Dr. Everett asked advice concerning a patient who had a cough, paroxysmal, tight, racking, exhausting, causing aching in epigastrium and hypochondriac region below diaphragm; great dryness from throat to stomach, burning in throat, hoarseness, can speak only in a whisper, headache and nausea with cough, patient often draws a long sigh. Dr. Piersons said *Nux vomica* 1^m would cure it. Dr. Swan thought of oxygen. Dr. Piersons said the location of the aching from the *Nux* cough was a little above the umbilicus, with a feeling as if the muscles were pulled apart, and violent shocks extending into the head with the cough. Dr. Finch had cured one such case with *Nux vomica* 1500. Dr. Piersons said he used the 1^m entirely, and if that failed him he went to the C^m; had carefully classified cases, and tried both the 2^c and 1^m in them, with a cure in one half the time by the 1^m that he had with the 2^c; had an entire set of 2^c which he would give away to any one who would not feel insulted by his offering them. Dr. Swan said, at the request of Dr. Berridge, of London, he had run Sulphur up to the C^m, and that one physician had cured cases very rapidly with it, which he could not touch with any other potency.

Silicea in Leucorrhœa.

Dr. Gross was called, two years ago, to a lady ten years past the climacteric, whom he found flowing as profusely as at her former menstrual periods, except that the discharge was like a yellow leucorrhœa, very profuse and excoriating. He reduced the excoriation with *Arsenicum*, but not the flow. At that time she had overworked herself. After being several weeks under internal remedies and vaginal injections she was cured. Six months after had a return; there was no odor, and the discharge

was *tenacious*; cured again after some time. Returned a third time; used astringent injections, which produced a peculiar sensation at pit of stomach, and she had continual headache; had doctored herself with nearly everything. He went in one day and found her lying in bed with her head all covered up; asked if she was easily affected by drafts of air. She said she did not know about that, but she felt better with her head covered up warmly. He gave Silicea 6th, and in three hours she was up. Two weeks ago her old trouble returned. Had worked hard the day he was called, and was ambitious to keep at the work until it was finished, although quite tired out. Silicea 6th cured again.

Silicea and Picric Acid.

Dr. Lilienthal said her mental symptoms corresponded exactly to Silicea—"won't give up." He said that Dr. Jones had expressed the difference between Silicea and Picric acid very nicely in his recent paper before the county society. Picric acid is "played out," "can't work;" Silicea "tired out, but won't give up." He also said that gastric symptoms and headache were often found in women from the use of nitrate of silver locally, which were relieved by Natrum muriaticum. Dr. Lilienthal also said that the constipation of Silicea arises from exhaustion. Dr. Yeomans asked if the leucorrhœa in the case cited by Dr. Gross was uterine or vaginal; thought excoriation usually arose from vaginal leucorrhœa, and wished confirmation of her theory. Dr. Gross had not made an examination, but thought it was vaginal.

Dr. Finch wished to call attention to the fact that Dr. Gross was working out the botanical difference between *Rhus tox.* and *Rhus rad.* Dr. Gross gave a short account of what he was doing in that direction, and is to give a more extended report at some future time.

A Peculiar Case.

Dr. Yeomans gave the case of a woman who is chlorotic, and when she retires at night sees figures in the corner of the room with a blue light around them; she does not see these in her sleep, but with her eyes wide open. She does not sleep until about three in the morning, and if she does not see these figures she imagines herself dead. She has constipation alternating with diarrhœa, indigestion, functional disturbance of the heart. If she takes Arsenicum she can fall asleep without

these symptoms ; if she takes *Nux vomica* she has aggravation of symptoms. She thinks she shall become deranged. Dr. Swan suggested iodide of Arsenic, but she had taken that. Dr. Piersons suggested a placebo ; said he often found patients who needed something of that kind. He has one who has erysipelas very badly, and at the same time facial neuralgia, for which she *must* have some medicine ; he gave her *Sac. lac.*, to be taken very accurately, with great success. Dr. Yeomans had tried that, but the patient knew the difference. Dr. Piersons said he had patients who could tell when the *C^m* of Arsenic was given them.

Dr. Finch suggested that *odo-magnetic Sac. lac.* would do in some cases. Also that *Bryonia* was useful where visions were seen as soon as the eyes were closed.

Insomnia.

Dr. Wait asked advice on a case of sleeplessness where there was no other trouble apparently. She feels a little uneasy about the case because there is insanity in the family, although the patient is a common-sense woman, and has no appearance of insanity now. Dr. Swan said *Coffea tosta* had sleeplessness with *no restlessness* ; also *odo-magnetic Sac. lac.* Dr. Finch suggested *Scutellaria 3^m*.

Plantago, etc., in Toothache.

Dr. Plimpton gave a case of toothache cured by *Plantago 30th*. The wisdom tooth in left lower jaw was decayed so badly that there was quite a large cavity in it, and it had been aching ; a sharp pain shooting up the left side of the face towards the temples and ears, with considerable redness of face, for about five weeks, a ride across the ferry in a sharp wind being the cause of it ; the pain was continuous, and nothing relieved it. She put a drop of *Plantago 30th* on cotton, and filled the cavity with it, and at the same time gave some to be taken internally. In ten minutes after the cotton was put in the tooth had stopped aching, and since then, over eight weeks, the pain has never returned. Dr. Fleming said he found protoiodide of Mercury useful for toothache after filling the teeth. Dr. Swan wished the particular tooth to be mentioned, as he believed there was a special remedy for each tooth. Dr. Piersons said *Staphysagria* was indicated where the whole row ached ; the patient could not tell which particular tooth was

implicated, and all felt a little too long. Dr. Yeomans had cured similar toothaches instantaneously with Hyosc.

Pruritus Vulvæ and Leucorrhœa.

Dr. Boynton inquired if any one had had any experience with Sabina in Pruritus vulvæ. He had recently had two cases of excoriating leucorrhœa with much pruritus; in one the discharge was ropy, glairy, from the cervical canal; in this case he gave Sabina 30th, with complete cure of the pruritus in less than half an hour, and it had also cured the leucorrhœa. The other case he had not heard from.

It was then moved to adjourn.

CLARA C. PLIMPTON, M.D.,
Recording Secretary.

THE METHODICAL APPLICATION OF TEPID BATHS IN FEBRILE
PUERPERAL DISEASES.

BY DR. PAUL OSTERLOH,

Physician to the Dresden Lying-in Asylum.

SCHROEDER was one of the first gynæcologists who recommended this treatment in his text-book. Quinine, Digitalis, and other remedies fail too often in reducing the febrile temperature, and many a time we may be forced into external treatment, as the organism eliminates by vomiting or profuse diarrhœa everything taken internally. For the last twenty-six months we experimented, therefore, with tepid baths in manifold diseases during the first week of the puerperium. Our baths were of a temperature of 23° to 26° R., the same as Brand recommends for the treatment of typhus abdominalis. In certain cases the cold douche of 8° to 10° R. was added to it, the water being poured slowly over the back of the head and neck. The patient, after being lifted out of the bath, was packed in a woollen blanket, where she remained about half an hour, and then after measuring the temperature of the body, dried off, and dressed. 622 baths were given during that time to 184 lying-in women, of which number 134 were primiparæ, 46 who had given birth to from two to five infants, and four who had more children. Our experience teaches that there is more danger of severe attacks in primiparæ than in others. Some of them received as many as twenty-nine baths, others seventeen, fourteen, ten, and thus down to only one bath. Most patients were treated with baths from the second to the tenth day, according to circumstances, and there

was hardly any indication for a bath on the first day after delivery. In most cases one bath a day sufficed, although one woman had to take four baths during twenty-four hours.

The affections for which methodical bathing was prescribed were, I. The different infectious forms. *a.* Where the infection spread through the lymphatics: *ulcus puerperale vulvæ, vaginae et uteri*; lymphangitis of the perivaginal connective tissue, of the uterine walls, and of the parametrium; parametritis, peritonitis, pleuritis. *b.* Pyæmic affections: infection of the place where the placenta was inserted; metrophlebitis; phlebothrombosis; phlegmasia alba dolens; metastasis in different organs. *c.* Erysipelas in connection with either state. *d.* Mania puerperalis in connection with infectious parametritis.

II. Diseases not caused by infection. *a.* Traumatic diseases of the vulva and vagina, followed by phlegmone of the pelvic connective tissue and exudative processes in the parametrium. *b.* Two cases of typhus abdominalis. *c.* Seven cases of purulent mastitis. The latter aid us in the proof that the baths have no injurious influence on the health of the lying-in women; the treatment of typhus offers nothing new.

The action of the baths in febrile diseases shows itself objectively in the fall of temperature and pulse, subjectively by the disappearance of the sensation of heat and of the thirst; and in some cases they reduce the severe head symptoms, the headache disappears, the irritation is quieted, the deliria cease, the sleep becomes refreshing, and comatose patients clear up in their consciousness. This we see clearly in typhus abdominalis, only the fall in the temperature is the greater the cooler the bath is taken. For it is natural that a bath of 23° to 26° R., reduces less the temperature of the body than one of 16° R.; but when we consider that in a temperature of the body of 40° to 42° C., as we observed it, the difference between it and the bath still is 10° to 12° C., we may yet expect a considerable diminution from the bath.

Excessive temperature of the body, sometimes even to 42° C., was also to us the indication for the baths, and we used them either immediately, or after the fruitless application of Chininum or Digitalis. We used the baths sometimes in order to aid the Chinine in the diminution of the heat.

Our indications for the cold douche were, 1, general excitation, producing total sleeplessness, with severe deliria, and even paroxysms of mania; 2, excessive headache, which fre-

quently accompanies endometritis. To elucidate our subject, we will give some cases:

Parametritis; mania puerperalis. Disease set in on the twelfth day of puerperium. Temperature of the body, 41.3° . Bath of 25° R., four cold douches. At the beginning of the bath the patient bites and kicks, but becomes more quiet after the bath, and sleeps good. Twelve hours later she rests easily in her bed, and answers correctly all questions. No internal remedy given.

In the histories of forty cases, the sleeplessness was entirely removed by the cold douche, and the removal of the headache was noticed in thirty-two cases.

Ulcus puerperale vulvæ, endometritis, septicæmic fever. Taken sick on the first day. Second day, 6 P.M., 40.5° C. Headache. Bath, 26° , three cold douches. Third day, 6 A.M., 39.2° C. Passed a restless night; no headache. 6 P.M., 40.9° C. Headache, vertigo. Bath, 26° , three cold douches. Fourth day, 6 A.M., 39.1° C. Rested well; no headache. Henceforth good sleep; no headache, but on account of the fever the baths and cold affusions were continued up to the eighth day, when she could be considered convalescent.

Schneller (Archiv. f. Klin. Med., vol. 14) found the application of water beneficial in the following disturbances of the brain: anæmia, arterial and venous hyperæmia, brainfag, nervous sleeplessness, febrile sleeplessness; and our experiments accord with his results.

Even when we acknowledge that the first impression of a tepid bath with cold affusion appears, superficially considered, somewhat shocking during puerperium, still in all our cases the disappearance of the sensation of heat, of the burning thirst, of the headache, and the appearance of ease, of a good sleep, showed such a beneficial influence on our patients, that they were pleased with the bath, and many a one requested a repetition of the bath. Even their very features frequently showed their satisfaction. The haggard expression was gone, the formerly apathetic and tired eyes regained their lustre; in some cases the appetite returned after the bath. In only one case we find it mentioned that the woman did not feel so well after the bath, notwithstanding a more healthy sleep.

The influence of the baths shows itself objectively in the temperature, pulse, and respiration. According to our case-book, we find the temperature reduced in ninety per cent. of the baths. In forty-two cases, where forty-eight baths pro-

duced no fall in the temperature, or where they were even followed by a rise, we must divide them into three classes: 1, where the temperature fell after awhile; 2, where consequent baths succeeded in breaking up the disease, though the first ones failed; and 3, ten cases, where the total failure of improvement prognosticated a fatal issue.

II. *Pulse.* Schneller found by his experiments that cold water applications retard the pulse and render it stronger; we found this true with our tepid baths and cold affusions. The pulse was counted every five minutes before, during, and after the baths, and the average was a diminution of the pulse from 12 to 36 beats. But the diminution of the beats of the pulse did not always go hand-in-hand with the fall of the temperature; thus we had one case where the pulse fell from 108 to 90, though the temperature remained at 40.4° C.

III. *Respiration.* Even the change of position, necessary in the bath, prevents hypostasis of the lungs, which always threatens the patient confined for a long time to her bed; but the cold affusions also stimulate the patient to deep and full inspirations. With every affusion the patient inspires deeply for some seconds, which means that the alveoli are fully expanded, and thus hypostasis and carbonization of the blood are prevented. Hence the cyanosis, so frequently accompanying peritonitis, disappears, and respiration diminishes in frequency but increases in strength.

The following accidents were observed during the baths: seven times chills; four times debility; twice symptoms of congestion; once each fainting, uterine hemorrhage, epistaxis; twice rheumatic pains. But such accidents must not be considered as consequences in every case, for many a woman suffered from chills before she took her bath, and the chill could only be considered as a continuation of the febrile process, or from local inflammatory processes. The debility certainly depends only on the severity of the disease. The case of fainting was easily relieved by hypodermic injections of ether. In fact, we are now thoroughly convinced that the application of tepid baths during puerperal diseases is not followed by evil consequences; and of 184 lying-in women, 161 left the asylum in perfect health. Thus we have twenty-three deaths to account for; one woman died from typhoid fever, another one of Bright's disease; thus we have still to deplore the death of twenty-one patients. And we are now sure that we will be able to reduce the rate of mortality still more, inasmuch as we

had not a case of puerperal fever since July, 1874; and it is now a rule in our institution to rely on tepid baths and cold affusions in every case of severe puerperal disease, even in pyæmia metastatica.

The résumé of our experience may be thus given :

The application of tepid baths with the cold affusion, when necessary,

a. Will never do any injury to a puerperal woman.

b. It quiets irritability, restores sleep, and cures the headache.

c. It reduces in nearly all cases the high temperature found in puerperal diseases.

d. In combination with internal treatment, it promises well to aid us in the full restoration of our patients.—*Translated by S. Lilienthal, M.D., from Zeitschrift f. Pract. Medicin, No. 9, 1875.*

GLEANINGS FROM FOREIGN HOMŒOPATHIC JOURNALS.

HOMŒOPATHY IN FRANCE.—A recently established Parisian medical journal, *Avenir Médicale*, makes the following declaration of its policy with regard to homœopathy. It is one which, after so many years of injustice from the medical press of all countries, we feel much gratification in being able to record.

“Although we are allopaths, we do not intend to close our columns to homœopathy. On the contrary, we shall, in these pages, give to it the same opportunities for discussion that we do to allopathy.

“When, on one occasion, remarked one of our greatest professors, the question is how to cure disease, ignorance becomes a crime, and a physician is only worthy of his calling when he has studied and conscientiously tested every branch of his art. Thus only can he obtain a knowledge of those theories which have struggled and are still struggling for the sceptre of science.

“For our own part, we shall not attempt to enforce any ideas of our own, whatever they may be. Conviction from discussion can alone make sound thinkers.

“We know that, in publishing a journal opening its pages to practitioners of all schools, we shall incur the criticism and perhaps the censure of those who assert that out of their church there is no salvation. But this prospect occasions us

no alarm. We feel ourselves above those unseemly controversies where self-esteem and personal interests too often prevail over questions of public concern.

"Homœopathy can boast of numerous hospitals and adherents in America and in England. As much can be said of its position in Germany, Italy, Belgium, and Russia. In France, also, a comparison between the mortality following the practice of the two schools is not at all unfavorable to the theories of Hahnemann. Why then should we treat the followers of homœopathy as Pariahs?

"We are now, at any rate we hope that we are, entering upon a period of reconciliation and progress. We have neither a state medicine or a state religion. The sick are at perfect liberty to apply to whomsoever they may desire for advice, and the physician is equally at liberty to select his remedies whencesoever he prefers. Our impartial rôle as journalists imposes upon us the strictest neutrality between the two factions; we have, therefore, addressed ourselves to physicians of all shades of opinions."—*Monthly Hom. Review*, Feb. 1st, 1875.

[There is something exceedingly comforting in the broad spirit of the above article. Homœopathy is treated by allopathic physicians as no other subject is treated by any other class of intelligent and educated men. The scientist *dares not ignore the claims of anything to investigation*; the philosopher *dares not attempt to refute anything with ridicule*; and yet these are precisely the methods of the allopathists in dealing with homœopathy, notwithstanding that they claim to be the scientists and philosophers of Medicine. Of all the treatises on homœopathy written by its opponents, there is not one the author of which has examined the subject in the light of pure and unbiassed scientific and philosophical inquiry;—all bear too plainly the marks of partisanship; and the homœopathy examined has been in all cases the creation of the examiner, who has built for himself a man of straw and demolished that.

The French writer hopes and believes that he is entering upon a period of reconciliation and progress, and congratulates his fellow-countrymen that they have neither a state medicine nor a state religion. In this "land of the free" the allopaths are doing their best to have a *state medicine* established, and if they should be successful in their efforts—which may God forbid—we may reasonably look for the setting up of a *state religion* ere the lapse of the present century.—*Editor H. M.*]

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. M'GEORGE, M.D., SECRETARY.

THE Society met on Wednesday, Nov. 19th, 1874, at 12.30 P.M., in the office of the Secretary, at Woodbury. In the absence of the President, Dr. I. Iszard, the Vice-President, occupied the chair.

The minutes of the previous meeting were read and approved.

Joseph J. Currie, M.D., of Hightstown, was proposed for membership, and his name referred to the Board of Censors, to report at the next meeting, only one member of the board being present.

On motion, the Society decided to hold its next meeting in Parsons's Hotel, Camden, on Wednesday, February 17th, 1875, at 10 o'clock A.M.

The various bureaus being called for reports, the chairman of the Bureau of Materia Medica gave his indications for the use of *Aconite*, *Bryonia*, and *Phosphorus* in lung complaints. He gave these indications orally, not having prepared any written report for this meeting.

In connection with the report of this bureau, Dr. Iszard read the following cases treated with *Phosphorus*:

Case 1. Mr. T., of Glassboro, æt. 50, came to my office stating he had a cough for the last two months, a tight, teasing cough, always worse on going into the cold air; when coughing had a fulness in head; expectoration of a sweetish taste, color mostly white, sometimes yellowish, especially in morning; laughing or drinking made him worse. Gave him, Oct. 30th, *Phosphorus* 30, to take a powder every three hours. Nov. 2d, he reported his cough much better. Gave him some more powders of *Phos.* to take every four hours for forty-eight hours; after that time, a powder three times a day till his cough should stop. I saw him about a week afterward, and he said his cough was so well he paid no attention to his medicine.

Case 2. I was troubled with a cough about the middle of October; first noticed it in the middle of the night while sleeping; a spasmodic cough; after that I would cough if I went into the cold air, worse in the night air; throat rough, and slightly sore. Took *Aconite* for ten days, but the cough continued tight. I then took *Phosphorus*, two powders a day for three days; in less than a week my cough was gone. I

have a predisposition to a cough when contracting a cold, as my grandfather on my mother's side coughed for forty years before he died; my mother always has a cough when she takes cold. I think *Phosphorus* is one of our best remedies for cough, where there is bronchial irritation or affection.

Dr. Vanderveer confirmed most of Dr. McGeorge's indications. He spoke of a case of pleurisy, where every time the woman drew her breath a stitching pain went through to shoulder-blade. Gave *Bryonia* 500 (Tafel's), and in twenty minutes the stitching pain was relieved.

Dr. Vanderveer also related the following case of hemorrhage from the lungs in a man, æt. 43, blacksmith, who had had phthisis ten years. The man was tall, and had dark hair. Was called to see him the end of August. He had had hemorrhage for four weeks. In one hemorrhage lost three gills, in another two gills, and in the last one four and a half gills. Symptoms: Dizziness in head when he had coughing spells, and his eyes felt big; after eating a mouthful felt so full. Gave *China* 200, and his hemorrhage stopped at once, although he kept spitting up blood for a time; his cough got better, and he has had no hemorrhage since; his cough is a tight one; expectoration saltish; pleurodynia. In three months has only given him *China* 200 and *Phosphorus* 200.

Dr. Cooper thought that pressing pain in chest or constrictive sensation in chest was another indication for *Phosphorus*. Dry, tight cough was another. In lung complaints, often alternates *Aconite* and *Bryonia*; also in cases of high fever with white-coated tongue.

Dr. Shreve coincided with Dr. McGeorge, and did not give any special indications.

Dr. Iszard was called to see a child three years old, with high fever, rough, red skin, quick action, and very restless. Gave *Aconite*, and the child was relieved in a few hours.

Under the Bureau of Practice several cases were read, principally of hemorrhages.

Dr. Vanderveer mentioned the following: Was called to see a little girl with epistaxis, which had lasted thirty-six hours; the child was weak from loss of blood, but well in other respects; nose began to bleed on left side; from indications the venous circulation predominated. Gave *Hamamelis* 200 in water every half hour. First dose stopped the hemorrhage, and she had no return.

Dr. Iszard contributed the following cases: Miss S., aged

28, was taken early in August with uterine hemorrhage, brought on from riding in an open, heavy wagon, without springs, the horses going very fast over a rough road. I was called Sept. 1st, and found her unable to be about the house from weakness through the loss of blood; she had had no pains nor headache. Gave *Hamamelis* 6, a few pellets in half a tumbler of water, and told her to take two teaspoonfuls every hour when awake. She improved rapidly, and in less than two weeks she took a walk of a mile, but this brought on a return of the hemorrhage. I repeated the remedy, and in less than twenty-four hours the hemorrhage was nearly checked; in two weeks she rode to church without any bad effect, and has been improving in health and strength ever since.

A little child, sick with aphthæ, clutched its mother and cried when the doctor came in the room. He gave it *Cuprum*, and the next day the child let him take her on his lap.

Dr. Vanderveer gave the following case of hysteria from poisoning of blood with uric acid, brought on by taking cold after the measles, which affected her urinary organs. She was tall and slim, black hair and eyes, aged 28. When first called she had pain in the left side down along the course of the ureters; bloodvessels dark; sclerotica yellow as gold; when she would sit down after standing, or stand up after sitting down, she would cough and the tears flow; no appetite; hated musical sounds or noises, they set her all in a tremor; when sitting in a chair or lying in bed she would complain she did not want you to walk so hard or so quickly; would die, she knew she would die in a week. Gave her several remedies, in all probably twenty; finally gave her *Aloes* 30 and 200; four days after giving *Aloes* 200 she improved nicely; then she had feeling of vermin running over body; for this he gave her *Sulph.* 500, three doses; after that gave her *Aloes* 500 again. Eyes got right color, skin cleared up, pain in kidney went away, bowels became regular, and she recovered entirely.

INDIANA INSTITUTE OF HOMŒOPATHY. .

SEMI-ANNUAL SESSION.

THE Institute met pursuant to adjournment, in Plymouth Church, Indianapolis, November 10th, 1874, at 2 p.m.

The meeting was called to order by Dr. J. B. Hunt, the

retiring President, who immediately conducted the President elect, Dr. W. R. Elder, of Terre Haute, to the chair. Dr. Elder then proceeded to deliver a brief inaugural address, expressive of welcome, congratulation, and thanks for the honor conferred. The minutes of the previous meeting were then read and adopted, after which the Secretary read letters, expressive of devotion and consecration to the cause of Homœopathy, from Drs. G. B. Sarchet, Charlestown, Ill.; R. H. McFarland, Henderson, Ky.; S. Dedrick Niconza and J. Harts Miller, of Abingdon, Ill.

A partial report was received from the Board of Censors, and Drs. G. B. Sarchet and R. H. McFarland were elected honorary members. Further report of the board was deferred to some subsequent time during the session.

Dr. Bahrenburg then read a very valuable and well-written essay, entitled "The Dose."

Dr. Maguire commended the paper for its very fair treatment of the subject. He thought that potency should be used which would cure in the shortest space of time. Was not prejudiced against any potency. Sometimes used high potencies to the most satisfactory advantage.

Dr. Hunt was gratified to note the liberality displayed in the paper. He thought the attitude assumed by many in the profession on the subject of potency was, to say the least, unfortunate; that the cause suffered from the intolerance displayed, too much in this day, in the exclusive advocacy of either the high or low potencies. Drugs have a large range of adaptability, and patients a large range of susceptibility. The drug, the disease, and the patient must be considered in the selection of the potency. The majority of our physicians, in both Europe and America, have witnessed the best results from the lower potencies.

Dr. Armstrong uses all potencies, from the crude to the higher and highest. Chamomilla acts best at the 30th and 200th, Lachesis at 200th, and Sulphur always high.

About eighteen months ago himself caught cold; it continued long; had continued pains in the left lung; coughed and expectorated; lost flesh, and grew constantly weaker, and much alarmed.

Suspended practice and took a trip East. Stopped at Dr. Gregg's in Buffalo. The Doctor's recipe was *Ars. 3m*. Went on to New York, and from there, by steamer, to Portland, Me.; and in ten days was back to Buffalo, in a worse condition than

before. The Doctor then gave him a dose of very high Sulphur. He at once began to feel better; pain in lung died away; all symptoms vanished, and strength and flesh returned.

Dr. Eggert: I use high potencies almost exclusively, from the 2^c to 10^m. Can do better service with them. I cure congestive chills (malaria) with the 2^c potency. I cured a case of membranous croup, a short time ago, with Causticum 10^m. Child was better in five minutes, and well the next day.

Dr. Morgan related a case of chronic headache cured by Nux vom.³⁰ after the 3d had failed.

Dr. Haynes can cure better with the higher potencies. Always uses Cham. at 2^c; Gossipium, 1^m. Cured its characteristic menstrual headache in one hour, after a lower potency of the same drug had failed.

Dr. O. S. Runnels said: Experience must settle the potency question for every individual. No one should be censured for adhering to the potency dictated by his most enlightened experience. I use both the higher and lower potencies, and would not be restricted to either exclusively.

Institute then adjourned to meet at 7½ o'clock P.M.

Evening Session.

Institute convened at hour appointed. Attendance flattering. Among the visitors were Drs. E. M. Kellogg, of New York, and J. Swigart, of Indianapolis. The deferred report of the Board of Censors was now received. After recommendation, Wilmot Moore, M.D., Terre Haute; W. F. Becker, M.D., Aurora; Louis Balfour, M.D., Greencastle; and W. P. Armstrong, M.D., Paris, Ill., were promptly elected to membership.

The President then read a paper from Dr. M. H. Waters, of Terre Haute, on "Edema Pulmonum."

It was the record of a very interesting case which had occurred in the Doctor's practice.

Dr. Armstrong read a paper on "Cardiac Hypertrophy from Aortic Stenosis." It was a classical study of the subject, including causes and resultant morbid phenomena; a very valuable paper.

Dr. Lucas presented a very interesting paper on the "Physiology and Pathology of the Pneumogastric Nerve," as exhibited in a case.

A female, æt. 62, has, for twenty years, suffered from

repeated attacks of acute dyspepsia. A year ago a severe attack of cramp-colic was followed by a troublesome diarrhœa, which prostrated her for a month.

This was followed by repeated attacks of dyspnœa, aphasia, and dysphagia, and especially the inability to swallow solid food. These symptoms (except dysphagia) at length gradually subsiding, the legs were covered with spots resembling bruises, which would turn yellow, and pale away only to return again. At each repetition the spots grew more painful and hard, and the legs unmovable, except with great pain. As the extremities would improve, the lingual and respiratory symptoms would increase. The dysphagia has been present through all the phases of the case.

From long study of the case, he believed the entire difficulty consisted in some lesion of the pneumogastric, or that part of the brain giving origin to it.

Dr. Hunt thought the remedies used should be named. He regarded the case of peculiar interest because of its obscurity.

He saw the case prior to the appearance of the spots and during a severe attack of the pectoral and cervical symptoms. He then thought the difficulty arose from some organic lesion of the glottis and œsophagus. In the light of subsequent phenomena, he thought Dr. Lucas's hypothesis plausible.

Dr. Lucas said *Arum triph.*, *Lach.*, *Kali b.*, and *Nux vom.* had from time to time been given.

Dr. E. M. Kellogg thought there was syphilis in the case, and recommended nitric acid.

Dr. Lucas was satisfied the case was free from syphilis.

Dr. O. S. Runnels then read a lengthy paper entitled "Prophylaxis."

Dr. Maguire thought the paper too valuable to be filed away and no further use made of it. The facts embodied would or should be of great interest to the people. It is destined to do them good, and should come before them. A motion was made and carried, that Dr. Runnels be requested to furnish the *Indianapolis Journal* a copy of the paper for publication.

Institute then adjourned till 10 A.M. the next day.

Morning Session.

Institute convened pursuant to adjournment, President Elder in the chair.

The opening hour of the session was occupied by a running discussion on clinical medicine, which proved to be one of the most profitable and enjoyable features of the entire meeting.

[Such impromptu comparisons of experience are calculated to draw out all those practical points from current experience which are not deemed of sufficient importance to write an essay about, but which, nevertheless, are essential pabulum for the profession. Try it in your societies as we did, and report if you don't prize it.—SEC.]

Dr. Maguire made verbal report of a case: A man, aged 74, in unusually good health, was suddenly attacked with acute pain in ascending colon. Suffering produced by it was intense; the vital forces seemed to sink rapidly; pulse very exalted; cold sweat on forehead, and face hippocratic; extremities, however, warm. *R.* *Cact.* 9' and *Nux vom.*³; alternately, every hour. Expected to find a corpse next morning, but instead he was a well man. What was the nature of the case?

Dr. O. S. Runnels: It was probably some form of intestinal obstruction, as ileus. Related a similar case of recent occurrence, which medication failed to reach, and which, after two days of growing alarm and danger, was entirely relieved by forcible and extreme inflation of abdomen per rectum.

Dr. Boyd said he was just convalescing from an attack which was of interest as an illustration of an unusual coincidence.

"A month ago I was suddenly seized with a severe pain in epigastrium and right hypochondrium. Its intensity rapidly increased; produced retching and vomiting, and finally very alarming symptoms, which suddenly ceased at end of seventy-two hours. It was 'gallstone colic.' About thirty-six hours, however, before the gallstone passed, a severe pain came suddenly in right lumbar region. This had no connection with the gastric pain, more than there seemed, in the work of torture, to be a rivalry between the two. It had a tendency downward and forward; caused continual desire to urinate, and constant bloody urine. This agony lasted two days, and ceased suddenly. It was renal calculus. When the calculus experience ceased, a bilious fever was firmly established."

Dr. Armstrong related a case of compound fracture of the toe, bone still protruding. Will flesh grow over a denuded bone?

Dr. Elder: That depends on the presence or absence of periosteum.

Drs. Maguire, Morgan, and O. S. Runnels discussed the best applications in dressing wounds. Condemned the carbolic acid dressing, so much a favorite in the old school. Air should be kept from the wound, and lotions of Calendula, Arnica or Symphytum applied.

Dr. M. T. Runnels, in spite of the foregoing, would bear testimony to the value of carbolized oil, externally used (1 part carbolic acid to 5 or 10 of linseed oil); it acted like magic in some cases.

Drs. Haynes and Hoyt would condemn entirely all topical medicaments. Have the dressings dry, and depend on internal treatment. Any one who will give this a fair trial will never resort to daubs or lotions again.

Dr. M. T. Runnels then read a valuable paper on Endocarditis—its pathology and semiology.

Institute then adjourned to 2 P.M.

Afternoon Session.

Institute was called to order by the Chair at 2.20 P.M.

Dr. Haynes read an extended paper on Morbid Growths.

Dr. Maguire said the acid of Sorrel would destroy the cancer-cell. Thinks oxalic acid also would be applicable to cancer.

Dr. Haynes further reported a case of cancer on the crown of the head, covering an area 6 by 9 inches. Gave Conium⁶ internally, and applied boiled linseed oil externally. Case improved. Afterward gave Juglans cin.⁶, and applied it in linseed oil (1 part to 9 oil) externally. Improvement very rapid. After two months' treatment the diseased space has contracted to the size of a 3-cent piece, and promises permanent cure. Juglans cin.⁶ has always served me most satisfactorily in all dermoid affections. It will cure the fish-scale eruption.

Dr. Armstrong has seen this case, and bore witness to its present condition and evidence of previous bad character.

In accordance with a motion, the Chair appointed Drs. Haynes, Hunt, and Eggert a Committee on Legislation.

The Chair then announced the following appointments to the various bureaus.

Provings.—Drs. A. L. Fisher, J. A. Compton.

Mat. Med.—Drs. W. P. Armstrong, T. B. Hoyt.

Potency and Dose.—Drs. W. Eggert, E. Beckwith.
 Clinical Med.—Drs. S. Maguire, W. Moore, W. L. Morgan, J. N. Lucas.

Obstetrics.—Drs. G. W. Riddell, W. R. Elder.

Microscopy.—Drs. J. R. Haynes, F. L. Davis.

Pathology.—Drs. C. F. Wymond, W. N. Bahrenburg.

Physiology.—Drs. M. H. Waters, M. T. Runnels.

Surgery.—Drs. S. C. Whiting, Louis Balfour.

Contagious Dis.—Drs. C. T. Corliss, O. S. Runnels.

Epidemics.—Drs. F. W. Becker, S. Haggart.

Electricity.—Drs. J. B. Hunt, O. P. Baer.

Ophthalmology.—Drs. J. T. Boyd, W. L. Breyfogle.

Institute then adjourned to meet on the first Tuesday in May, 1875, at 10 A.M.

O. S. RUNNELS,
 Secretary.

TWENTY-EIGHTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE twenty-eighth session of the American Institute of Homœopathy will be held at the Beebe House, Put-in Bay, Lake Erie, commencing on the **THIRD TUESDAY IN JUNE**, next [JUNE 15th, 1875], and continue four days.

CHAIRMEN AND MEMBERS of **BUREAUS** are especially requested to have their reports and papers prepared for presentation. *Members not belonging to Bureaus* who are desirous of presenting papers, are requested to address the General Secretary at once, giving title of proposed papers. **MEMBERS** of **STANDING COMMITTEES** are notified to have their reports in readiness for presentation.

APPLICANTS FOR MEMBERSHIP may obtain blanks by addressing the General Secretary. Blanks must be filled by stating the full name and address of applicant and time and place of graduation, and be attested by three members of the Institute personally acquainted with the applicant. Applications for Membership thus prepared should be forwarded to the General Secretary not later than the 5th of June.

All papers forwarded to the General Secretary will be properly disposed of.

A Circular will be issued by the Committee of Arrangements, prior to the meeting, which will give full information on all subjects connected with the meeting.

Rooms may be now engaged [*bona fide*] by addressing **MR. H. BEEBE**, **CARLISLE HOUSE**, corner of Sixth and Mound Streets, Cincinnati, O. Price of board per day \$2.50.

ROBERT J. MCCLATCHEY,
 General Secretary,
 918 North Tenth Street, Philadelphia, Pa.

EDITORIAL NOTES.

CORRESPONDENCE.—The following correspondence is published "by particular request." It is an outgrowth of the circular issued by the Committee on Legislation of the American Institute of Homœopathy. We feel that we have done our whole duty to the aggrieved letter writer in thus giving the subject publicity; and if there are other brethren of the allopathic persuasion who have been crowded by homœopaths and feel sore about it, we promise them justice if they make their cases known to us, be they Eddy's or be they Neddy's.—*Editor H. M.*

FULTON, ILL., January 23d, 1875.

Mr R. J McClatchey, Sir I had a Student A J Booth one year who Pretended to prepare for Rush Medical College. gave him a Certificate etc He then went to the Homœopathic School and was Registered as my Student on their Books —I would not send my Dog there and now I am constantly annoyed with their Correspondence I am in favor of just such laws as you are trying to oppose

I consider Homœopathy Practice the Lowest of all that is Called Quackery.

I have practiced Medicine for 30 years and do not wish the advice of Quacks neither do I think our Legislatures will be Controlled by them

I think too—that the best Evidence we have that a man is not fit for a Physician is—that he is satisfied with such foolery

J. EDDY M D.

PHILADELPHIA, March 22d, 1875.

J. EDDY, M.D. DEAR SIR: I have the honor herewith to acknowledge the receipt of your polite favor of January 23d, which was received at a time when I was in the hands of that arch enemy of man's comfort and happiness—a "spell of sickness." Let this last-mentioned circumstance be my excuse for not attending to your complaint ere this.

I greatly regret that you have been so constantly annoyed by the correspondence of the homœopathic school. Had you, however, written to the person having in charge the registration of homœopathic physicians, that person would doubtless have discovered from your style of writing, even if you had made no direct and pointed statement of the case, that you were not a man and a brother with himself.

The student you refer to as having been sent by you to Rush Medical College, doubtless went to the Hahnemann Medical College of Chicago instead. You should not be down upon the poor fellow for that. Perhaps you had been feeding him on medical husks, and he felt as if he would like to have a good square meal. And besides you should remember how proverbially green medical students are, and how readily they are led from the paths of laid-out rectitude; in fact, how apt they are to *rush* from these paths, even without a leading.

I am free to say that in my opinion the Hahnemann College of Chicago (if that was the offending institution), did very wrong in wishing you to send your dog to them, unless the animal was intended as a sacrifice to the vanity of the professor of physiology. If they intended that the canine should matriculate, then I beg to assure you that such a request could not have emanated from any homœopathic medical college outside of Chicago. Dogs are not admitted as students to homœopathic colleges in general, and the only quadruped I have ever seen on their benches was an occasional jackass. I beg to remind you, however, that this liberalism, this extension of the civil rights bill, as it were, is not confined to *homœopathic* colleges. But perhaps it would have been best,

after all, if you had sent your dog to the college, for then you would not have been "constantly annoyed with their correspondence,"—a result which you attribute, and no doubt correctly, to your refusal to let them have the pup.

Sir Anthony Carlisle, a distinguished medical man of whom you no doubt have heard, has been held up to the gaze of countless admirers as a model of honesty, because after a long life passed in the practice of medicine, he summed up his experience in these memorable words, or something like them: *Medicine is the art of conjecture improved by murder.* But to you, sir, is equally due great praise for candor and honesty; for who but an honest man would give utterance to these rugged but expressive words: "I have practiced medicine for 30 years. . . . I think too that the best evidence we have that a man is not fit for a Physician is—that he is satisfied with such foolery."

You say: "I consider Homœopathy Practice the Lowest of all that is called Quackery." I presume I am at liberty to infer from this that you are not guilty of "Homœopathy Practice," but that on the contrary you have predilections in favor of the "regular," "orthodox," "allopathic" method. I trust I do you no wrong by such inference. Now, my dear sir, I fear your opinion is the result of unphilosophical prejudice; the outcrop of that insolent pride which appears to be the backbone of the "regular" school. I beg of you to avoid this dangerous condition of mind. It breeds melancholy, and all sorts of ills. Old Burton (not him of the *Ale*) pitches it very strongly and yet truthfully when he says: "But being that we are so peevish and perverse, *insolent and proud*, so factious and seditious, so malicious and envious; we do, *invicem angariare*, maul and vex one another, torture, disquiet, and precipitate ourselves into that gulf of woes and cares, aggravate our misery and melancholy, heap upon us hell and eternal damnation." Satirical old Juvenal (he was the ancient Danbury News man) says:

"Nihil est quod credere de se
Non audet quum laudatur diis æqua potestas;"

which means that every man is apt to regard his own delft as china. Now your regular allopathic delft shows too plainly that it is made of common clay, and that it is full of cracks and flaws, and if you are loud in calling it china, people who hear you and have knowledge of the ware may laugh *at you*; and that, you know, is not half so nice as laughing with the crowd.

I have, dear sir, the honor to subscribe myself,

Yours, with great respect,

ROBERT J. McCLATCHEY.

VOLUMES WANTED.—Volumes 1 and 3 of the *Hahnemannian Monthly* are wanted by the publishers. Address Boericke & Tafel, 125 South Eleventh Street, Philadelphia.

A POWERFUL ANTI-HOMŒOPATHIC ARGUMENT.—At the recent *Commencement* of the Jefferson Medical College of Philadelphia, Professor Gross, the valedictorian, intimated in his address that he would like to have homœopathy by the throat that he might choke the life out of it. As this was a premeditated speech made before dinner, Professor Gross no doubt meant exactly what he said, and no doubt he is of the opinion that he gave utterance to a powerful argument against homœopathy. One of the scientists of Calaveras "heaved a chunk" at a brother scientist, and the heaved-at gave a sickly smile and came to an abrupt end; for which overhaul your Bret Harte, and when found make a note of it.

But it will hardly be admitted that the heaving a chunk at an adversary, or choking him to death, are legitimate methods of arguing a question. *Argumentum baculinum* is confined nowadays to the prize ring, and there the two adversaries have, or are supposed to have, equal chances and advantages. But club law or choke law is pitiable, when the club-bist or chokist has no adversary before him, and is surrounded solely by his friends. Professor Gross must feel the weight of homœopathy pressing very heavily upon him when he wishes to "choke it off." "And Saul went about breathing out threatenings and slaughter," etc.

THE SCIENCE AND ART OF MEDICINE.—Professor T. W. Walker, a gentleman who resided in Brooklyn, N. Y., was run over by a truck in New York City about four years ago, and frightfully mutilated. As a result of these injuries he was afflicted with photophobia, diplopia, and violent spasmodic contortions of the muscles of the face and eyelids, frequently incapacitating him for any form of labor, and always producing distressing grimaces. He had been under the care of Professor Brown-Séquard and others. Dr. Brown-Séquard administered a course of treatment involving cauterization and the use of strychnine. The cauterization was extremely severe, and Mr. Walker's face and head bore the marks and scars of the persuasive knife and the gentle moxa. These remedies having failed, the patient came into the hands of Dr. E. R. Agnew, and his assistant, Dr. Webster. These gentlemen followed a different course of treatment, but without producing any beneficial effect. A part of their treatment consisted in severing the internal rectus of the right eye, and subsequently dividing the cartilage of the upper eyelid. These operations proving unavailing, the physicians resorted to the method of Harley. From this treatment began the chain of circumstances which ended in a tragical death.

From a statement made by Dr. Agnew, we make the following extracts:

"Mr. Walker accordingly came to my office by appointment, on Saturday, April 3d, at ten o'clock, to take the medicine and to be under observation. He remained there from about ten o'clock until twenty minutes past one, during which time he took at the hands of Dr. Webster one hundred and eighty drops of an extract of conium without producing any of the effects of the drug. After waiting an hour and thirty-five minutes after the last dose he walked away, stating that he was in his usual health and did not feel any of the symptoms which the drug was supposed to produce. Before going Dr. Webster gave him a prescription for a fluid extract of conium, with instructions to carry the prescription to the manufacturer of the extract in Brooklyn and to see the manufacturer in person and to ascertain from him what dose of his extract could be safely taken. He went, it seems, to the manufacturer, saw him in person, was observed by him to be free from any intoxication from the drug given nearly four hours previously, obtained the extract of conium, had the dose prescribed by him, with a caution not to repeat it if he experienced any of the symptoms, which had been previously carefully enumerated. To return, during the three hours and twenty minutes that he was at my office under the observation of Dr. Webster, the latter fully instructed Mr. Walker as to the symptoms that the remedy was expected to produce, and read to him an account of the drug and its action as detailed in a standard work. I also explained carefully the effect which the drug might produce, and inquired an hour and twenty minutes after the last dose whether such effect had been produced, and was distinctly answered in the negative. Mr. Walker went from the manufacturer's to his home, took, as it is said, three doses of the extract, although the first dose had produced the effect which he had been

warned should be considered as forbidding its continued use, and between six and seven o'clock died."

Mr. Walker was a man of scrupulously methodical habits, and on taking the doses of hemlock at his own home, called his wife to his side, and as was his custom on taking medicines, dictated to her a description of his symptoms under the operation of the drug. The paper which his wife wrote tells its own story, and exhibits the following symptoms of a case of

Poisoning by Conium.

"At 4.10 P.M. took fifty minims Squibbs's fluid extract of conium. At 4.10 P.M. effect very decided in dizziness, relaxation of muscles and limbs. Fifty minims more then taken. Difficulty of walking immediately, and want of power to control movements. Forced to lie down, but no mitigation of spasms. Limbs and legs weak. Unable to hold head up. Speech thickening some. Pain and heaviness in top and back part of head. Pulse fifty-six. At 5.15 P.M. took fifty drops. Some nausea. Some tremor at the base of clavicle (collar-bone), and in muscles across the chest just above the sternum. No diminution of spasms about the eyes nor of photophobia (dread of light). At 6.25 drowsiness, inclined to sleep. At 5.40 P.M. eyes difficult to open, speech difficult, fulness in throat, prostration nearly complete. Diplopia (double-sightedness) vastly increased. At 6.16 P.M. nausea, twitchings on right side, trouble to articulate, eyes closed, fulness almost to suffocation in throat. Pulse about sixty. In part six—"

"Here Mr. Walker stopped and asked for some water. Mrs. Walker started to get some coffee, and had partly prepared it, when, on returning to the room to see how her husband was, she was alarmed to find him unconscious. Dr. Gilfillan was immediately summoned, and arrived at the house at 7.30, but Mr. Walker was then dead."

From this sad case allopaths and homœopaths may learn a useful lesson. It may cause the former to hesitate ere they give such powerful doses of powerful poisons, upon the assumption that such or such a condition obtains; to the latter the symptoms of the victim are a valuable proving of conium. Upon the former point, we extract the following from an editorial in the *New York Herald*.

"But the case also involves an important lesson on the wisdom of giving virulent poisons in only tentative doses in every case where it is possible that there may be an error in the diagnosis—that is to say in cases where those conditions may really not be present upon the presumed presence of which the propriety of giving a certain medicine is based. Fifty minims of Squibb's extract prostrated this man. It was four or five times as much as any healthy person could take with impunity at a dose. But he took a hundred more subsequently, and he had taken one hundred and eighty drops a short time before—say three hundred and sixty drops in all between two and six o'clock of the same afternoon—with just a possibility that the first one hundred and eighty were not absolutely inert, but came with cumulative effect upon the operation of that whose greater activity started the train of symptoms. If the man's brain and spine were in a normal physiological condition the prescription pointed the way to certain death. If they were in a disordered state there was the probability that they would not be reduced to paralysis, but might be only reduced so far as to insure quiet and regular action. But the result points to the fact that the exaggerated nervous action upon which the use of the powerful sedative was based did not exist; that undue action of the great nervous centres was not the source of the spasmodic trouble. Life itself began to yield while the twitching of the facial muscles was still in full play, and they were evidently, therefore,

beyond the reach of the medicine that was violent enough to completely paralyze those important nerves upon which the action of the heart and the muscles of respiration depend. In short, the result points to a diagnosis that might have saved Dr. Brown-Séquard many scarrings and scorings of this victim of erroneous theory."

COMMUNICATION.

DEAR DOCTOR: Will you allow me, through the medium of your Journal, to say a few words respecting medical men? I have no doubt but that "you know yourself how it is." Hence the question, do you not think that medical men as a class (homœopaths in particular), would attain a much higher standard of excellence and skill, and thereby be far better prepared to combat the numerous mental, physical, and moral derangements that afflict the human family, if they would all cultivate a general reciprocity of good faith, and friendly, social and professional relations, to the entire exclusion of jealousy and self-consciousness. Now, sir, if our own fraternity would unite and adopt this policy of politeness, faithful courtesy, and *true* friendship among ourselves, and towards *all* schools of medicine to its fullest extent, how soon the very name of Homœopathy would resound from ocean to ocean, and fill every household with its praises, and all humanity would rejoice to see such a happy union of strength and accumulative wisdom. I say, sir, self-consciousness, or an over amount of self-esteem, is very unbecoming to a gentleman, and medical men ought to be gentlemen; and what man can be one if he is overflowing with self, and filled with ostentatious pride and jealousy?

Sir William Hamilton says, "The highest knowledge is a consciousness of ignorance." Every man ought to keep in mind that knowledge is a little light surrounded by darkness. It is hard enough at the best to gather useful knowledge.

Sir Isaac Newton says that "search for knowledge is like a child picking up sand on the seashore grain by grain." Self-consciousness, pride of professional dignity and jealousy have been, and still are, very serious drawbacks to progress in medical science. They are *the* stumbling-blocks that prevent us from realizing that there is still in the far distance a vast plain of unexplored knowledge, and our stupid self-consciousness prevents us from penetrating beyond the borders of that vast plain.

Sir William Hamilton very truly has said that "human knowledge is like a farthing rushlight surrounded by an infinite expanse of darkness."

All undue amount of self-consciousness in a medical man will cause him to fancy himself to be a bright and shining light surrounded by darkness, and that he has reached the end of that endless road that leads to knowledge, and that there is nothing more for him to learn; a modest, studious, progressive man knows and feels that there is no end to that road that leads to knowledge. I think I am warranted in saying that medical men, as a class, are notorious for their self-consciousness, the world over. A large majority of them seem to study to create the impression that *they* are specially endowed with a vast amount of unfathomable and awe-inspiring wisdom, and in order that they may act their parts well, they store their minds with theoretical and technical learning. They command high-sounding words, and studied looks of wisdom, all of which is well calculated to deceive the masses. Yet these same men may be fearfully and wonderfully ignorant of the laws of their own being. A successful medical man is always a practical man, one that is never above looking at or listening to everything that is presented, no matter from

what school of medicine it may emanate; one that is not only willing, but anxious, to cultivate a general fraternal reciprocity of practical experimental knowledge. Every medical man that is true to himself will not only profit by his own experience, but will always try to profit by the experience of others, no matter how wide a difference there may seem to be; he investigates honestly and fairly.

Bacon says, "The largest minds are the least constant."

Faraday says, "In knowledge, that man only is to be despised who is *not* in a state of transition."

There are wide differences of opinion even among our own homœopathic fraternity; some believe in high, some in low dilutions, some in single remedies, some in alternating remedies, and these differences are many times very wide. No doubt there is generally an equal amount of intelligence and experience on both sides, and it is a well-known fact that by a certain amount of ingenuity almost anything may be proved. Therefore I say it is very desirable that medical men should be frank, liberal, honest, and courteous towards one another, and look above and beyond that kind of false professional dignity and pride that prevents progress, and that only implies a childish devotion and admiration, a fact that is made painfully evident when medical men assemble together, and declare to the world by their acts and sayings that they have met for mutual admiration instead of for mutual improvement. Most of the medical societies may very appropriately be called mutual admiration societies. Medical men will very often exchange the most flattering compliments in public, and quarrel and slander one another fearfully in private, all of which is decidedly foolish and childish. I believe that it is always best for a medical man to learn to depend upon himself, and not depend upon any organization, any more than the advantages of a mutual exchange of actual practical knowledge derived from individual experiences. Mr. Galton wrote a curious article lately, which was published in *Macmillan's Magazine*, showing the loss of mental independence that men experience who live in large cities. He illustrates it by the animals in Africa. Those which go in herds lose self-dependence, so that if one is separated from the rest, it seems utterly unable to judge for itself what to do. So it is with men; if they depend too much upon others they will in an emergency be at a loss what to do. Then again there is an unconscious bias among medical men that arises from interested motives, which is very much more apt to deceive than *actual intentional* dishonesty. Especially as almost anything, *particularly* in medicine, *may* be proved by ingenuity, when effects are so difficult to trace to their causes, and no one thing can ever be looked upon in its full and true light, unless everything else in the universe be grasped and comprehended at the same time with reference to it, for the universe has no unconnected parts. It is impossible to look upon a simple lump of chalk in a full and true light, without knowing all knowledge on all subjects, in all worlds, in all times, and being able to grasp and comprehend all this knowledge with reference to it, and at the moment of contemplating the lump of chalk in question, for a part cannot be fully understood without the whole of which it is a part being comprehended at the same time with reference to it. How unconscious we are of our ignorance.

Socrates says, "The only thing I know is, that I know nothing." The self-conscious man would have us think that he knows everything. Self consciousness kills even thought. Life itself is destroyed by thinking about it. Therefore I say that no self-conscious man can be a successful physician.

Yours, faithfully,
M. H. UTLEY, M.D.

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No. 10.

ALLEGHANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. BUFFUM, M.D., SECRETARY.

HOMŒOPATHIC HOSPITAL, PITTSBURG, July 10th, 1874.

VICE-PRESIDENT DR. J. H. McCLELLAND in the chair.

Present: Drs. J. C. Burgher, C. F. Bingaman, J. H. McClelland, L. H. Willard, R. Ramage, W. F. Edmundson, C. P. Seip, H. Hofman, J. F. Cooper, I. B. Chantler, F. R. Schmucker, C. D. Herron, J. S. Rankin, and J. H. Buffum.

Associate members: Messrs. Boley and Martin.

Dr. Buffum, for the Committee on Society Paper, reported that the subject chosen by the committee was "Sciatica," and that the subject had been apportioned among the members of the committee, so that a part of the paper would be ready for discussion at the next meeting of the Society.

Report accepted.

On motion, Dr. Schmucker was requested to re-read his paper on "Cholera Infantum," that the discussion of the subject might follow more readily.

He read as follows:

CHOLERA INFANTUM.*

BY F. R. SCHMUCKER, M.D.

CHOLERA INFANTUM may occur at any time during the first few years of a child's existence. The period of infancy

* The report and paper were received last year, too late to be of use for the then cholera infantum season. They are presented now with the hope that they will be of value to the profession for the coming summer campaign against that disease.—
EDITOR H. M.

has, strictly speaking, in the case of each child a definite and fixed limitation. The Latin word "Infantia" is a compound word, signifying inability to speak; so that infancy amongst the Romans appears to have commenced at birth and ended when the child began to speak. This accords with the following definition given by a late authority:* "The passage from infancy to childhood may be regarded as marked by the eruption of the deciduous teeth; by the termination of that direct supply of food to the offspring which is afforded until then by mammary secretion of the mother; by the dawn of the intellectual powers manifested in the first efforts at speaking; and by the acquirement of sufficient control over the muscular apparatus to render it subservient to the increasing desire which then displays itself for independent locomotion. All these advances usually take place simultaneously, or nearly so, during some part of the second year."

In common usage, however, infancy extends not beyond the first year or two of life; but there is not a defined limit where infancy ends and childhood begins.

This disease, so fatal under allopathic treatment—fortunately less so under our own—deserves the most careful study as to its causes, its symptoms, and its proper treatment by the homœopathic physician; especially when we consider how very large a proportion of *all* deaths occur during the period of infancy and early childhood. There is no better opportunity for winning laurels by demonstrating the truth of Hahnemann's law than by saving the lives of these little ones, for whom so little can be done under any other treatment. We believe that, as the physicians of our school, and especially of this city, have met with such signal success in the treatment of Asiatic cholera, so in this disease, in many respects similar to it, there may be demonstrated the same wonderful efficacy of homœopathic remedies.

In what I have to say I do not assume to give anything especially new, but rather to present the subject at this seasonable time in such a way as to call forth argument and practical hints that may prove to be for our mutual benefit and advantage.

Causes. It is well known that this disease is peculiar to the hottest season of the year, is endemic in large cities, especially in the more crowded and filthy districts, comparatively of rare occurrence in the pure atmosphere of the rural districts. We

* Carpenter.

infer, therefore, that intense heat, and an impure atmosphere produced by filth and decaying vegetable or animal matter, dentition, and improper food, are its most prolific exciting causes.

The Symptoms. It usually commences with diarrhœa. Then comes vomiting, intense thirst, sometimes fever. There is rapid exhaustion and emaciation. The abdomen is usually sunken, sometimes swollen, and it may be tender. The discharges from the bowels may be very variable in character, and should be closely observed as to their color, smell, etc., before selecting a remedy. Where a case proves fatal, death is usually preceded by the characteristic symptoms of hydrocephalus, by coma, and convulsions. The disease appears to have no definite limits. It may run its course in a few days, or continue for several weeks.

Treatment. In this, as in all other diseases, I take it that "tolle causam" is the first thing to be considered. To regard effects or symptomatology alone is to take but a partial view of the case, and we may thus fall far short of our duty to the patient. Pathology is defined to be "The doctrine of the causes and nature of diseases, comprehending Nosology, Etiology, Symptomatology, and Therapeutics." It therefore teaches not symptoms only, but also what appears to me very important, the *causes* producing them. The investigation of causes from effects has led, as is well known, to most important discoveries in science. In astronomy, the law of that mysterious force which governs the universe of matter, and in medicine, our universal law of cure, are equally the fruits of reasoning from effect to cause. And as the astronomer, by the aid of his telescope, seeks for a cause when he finds a heavenly body deviating from its elliptical orbit, so, in medicine, it is needful to know the reason why there is a deviation from a normal state of health. If we succeed in removing the cause when external by external means, and when internal by the appropriate remedial agent, we in either case accomplish a good end. "Tolle causam," says Dr. Lilienthal, in a recent article, "is with us a strong indication, although some of our ablest physicians sneer at it, considering it as leaning too much towards old school practice."

When we are called to a case of cholera infantum, and we find the child lying in the midst of filth, breathing a poisonous atmosphere caused by imperfect ventilation, by filthy floors, carpets, bedding, etc., it is, of course, necessary first of

all to insist upon a thorough cleansing of the patient and his surroundings, upon proper ventilation, proper diet, etc., and *then* to prescribe according to his symptoms. The properly selected drug may do but little good if we leave the patient in close proximity to a pool of stagnant water and filth. Where we find the atmosphere about the patient necessarily impure and poisonous, he should be removed, if possible, daily if not permanently, to some place where the air is pure and wholesome. A life may thus be saved, where, under the most skilful prescribing according to symptoms, a fatal result would be inevitable.

In prescribing remedies in this disease it is necessary, as in all other diseases, strictly to individualize in each particular case, taking into account the general appearance of the patient, the fever, thirst, nausea, character of stool, etc. We have to select, according to indications, from a large list of remedies. I will mention a few of those most frequently called for.

Æthusa. The child lies stretched out and in an unconscious condition, pupils dilated, and a fixed, staring look. Vomiting of white, frothy matter, or of coagulated milk. Milk in any form does not agree with the child, and excites vomiting. Pulse sometimes imperceptible. Convulsions with clenching of the thumbs, and with eyes turned downward. Constant thirst and great prostration.

Antim. crudum. White coating on the tongue; nausea, retching, coughing; vomiting and watery diarrhœa; absence of thirst. The child is fretful and peevish, turns itself away and cries when looked at or touched.

Arsenicum. The child is very weak, with pale, cadaverous-looking face. Intense thirst, but drinks only a sip at a time. Great restlessness. Frequent, scanty, offensive stools, generally of dark color. All the symptoms are aggravated after midnight.

Belladonna. Great heat of the head, and dryness of the mouth and lips. Tongue coated white, with red margins. The child wakes from sleep with a start; appears drowsy. Sudden darting and twitching of the muscles during sleep.

Calcarea carb. In leucophlegmatic children, during teething. Hard swollen abdomen; flabby muscles; skin dry and shrivelled; hair dry, looking like tow. Profuse sweat of the head when sleeping. Stools whitish, watery, and undigested.

Camphor. The skin is cold as marble, and yet the child will not remain covered; much prostration and diarrhœa.

China. Very flatulent diarrhœa containing portions of the ingesta; stools fetid, and occurring immediately after eating. Partaking of fruit may have been the cause of the attack. Great weakness and inclination to sweat, or great prostration after a stool.

Croton tig. The stool passes suddenly in one gush. Lips dry and parched. Great prostration after stool.

Ipecacuanha. Nausea predominates. Stools watery, or green, or still more particularly, fermented.

Laurocerasus. Pulse slow, irregular, or imperceptible. Drink rolls audibly through the œsophagus and intestines. Stools of green liquid mucus.

Mercurius sol. Stools slimy, sometimes bloody, with tenesmus and colic; relieved immediately after stool.

Nux moschata. Stool yellow and thin, like beaten or stirred eggs; great prostration and sleepiness.

Phosphorus. The child vomits its drink as soon as it gets warm in the stomach. Stools watery, containing little lumps like tallow.

Phos. acid. Great exhaustion; sunken eyes, with blue margins; stools painless and whitish-watery.

Podophyllum. Exceedingly offensive stools, most frequent in the morning, profuse, and watery. Moaning during sleep, with half-closed eyes, rolling the head from side to side. Gaggling or ineffectual retching. Prolapsus ani.

Psorinum. Dark-brown fluid stools, very offensive, like rotten eggs, with great prostration.

Veratrum alb. The least motion increases the nausea. Profuse vomiting and purging. Great prostration, with cold sweat on forehead. Pulse almost imperceptible. Violent thirst for cold water. Stools consist of greenish water with flakes.

Where the stomach of the child is so irritable that it will retain nothing whatever, not even a sip of water, I am assured by one who has had ample clinical experience, that *Nux vom.*³⁰ in pure distilled water, will almost invariably relieve the patient.

In Hale's *New Remedies* we find it reported by Dr. Carr, that out of 160 cases treated with Bromide of Potassium he had but three deaths.

Dr. O. P. Baer says that he has taken scores of cases from

the allopaths, when they were in a state of collapse and pronounced by them *in articulo mortis*, and has cured them with Carb. veg., Cinchon., Arsen., Podoph., Tart. em., or Verat. (*Med. Inv.*, vol. 9, 374.)

Dr. Emil Tietze says, "*Apis mel.* is the homœopathic remedy, par excellence, for cholera infantum." (*U. S. Med. and Surg. Jour.*, vol. 7, p. 351.) Iris vers., Magn. carb., Calc. phos., and other remedies have likewise been found useful in this disease.

Diet. Where a mother nurses her infant, this generally is the best and only nourishment required. Starch not being an ingredient of milk, farinaceous substances should not be given to young infants. It is important to avoid food which would tend to increase the irritation already existing in the stomach and bowels. The best substitute for mother's milk is pure diluted cow's milk, boiled and sweetened, or we may give cream diluted and sweetened. Except in the case of very young infants, we may order oatmeal gruel, boiled four hours and then strained; also toast, barley, or rice water. Sometimes raw beef grated fine, salted slightly, is good. Some practitioners have recommended, in severe cases, to let the child suck at raw pieces of smoked bacon, or to give good, sweet butter that is free from salt. Care should be taken not to overfeed the patient, nor to give food at too short intervals. Pure cold water may be given in frequent sips with a teaspoon, and if this excites vomiting the patient may be allowed to suck at pieces of ice. Ice-water should not be allowed. Where the water is impure, as in this city, it should either be filtered, or first boiled and allowed to cool before using.

Discussion.

After the reading of the paper, Dr. Hofman was called upon to open the discussion, which he did with the following remarks:

At the last meeting of the American Institute, Dr. H. N. Martin stated that he considered cholera infantum a disease *per se*. He did not agree with him, and thought it was the same as cholera morbus in grown persons, and that the disease was correctly named. With regard to nourishment in this disease, he had found that diluted milk rarely did good, and preferred fresh cream diluted with water; considered milk, when used, better if unboiled; found oatmeal, boiled and

well strained, excellent in many cases. When the cases were very low, white of egg in water, seasoned with a little salt, proved beneficial. For drinks, rice, barley, and mucilage waters. When the children would do so, he allowed them to suck pieces of fat bacon, smoked herring, and chipped beef, and thought they always felt better after it. Had the children sponged all over with lukewarm water several times a day, and found that they slept better. If the thirst was excessive, and it was impossible to retain anything on their stomachs, applied a wet compress over the epigastrium.

Had prescribed Gummi gut., Croton tig., Verat. alb., and Podo., the latter two more often this season than the others. Gave Nux mosch. when the stools were profuse, yellow, slimy, and presented the appearance of beaten eggs; exhaustion after stool, and drowsiness.

Dr. Burgher: In cases occurring in nursing babes, always inquired what indiscretion had been committed by the nurse.

Had a case a few days ago where the mother had an attack of cholera morbus, and the child had a severe attack of diarrhœa. Removed the child from the breast, and fed it on condensed milk, which it refused at first, but is now doing well on it. In giving the condensed milk, he dissolved a teaspoonful of it in a cup of water, varying the quantity to suit cases.

Found *Chamomilla* most often useful; used the 30th and higher potencies. *Croton tig.*, stools rapidly discharged after eating; *Antim. crud.*, tongue much coated and white; *Sulphur* mostly in chronic cases; was using *Arsenicum* and *Podophyllum* in most cases just now; *Iris vers.* in a couple of cases when the vomiting appeared very prominent.

Dr. Willard removes all food until the febrile state is passed; gives half a teaspoonful of brandy to a teacup of water, a teaspoonful every two hours, to tide over the collapsed stage. Thought great care should be exercised by the nurse in taking her food, and when nursing-bottles were used, special attention should be paid to keeping them clean and sweet, and that the practice of allowing the infant to suck from a bottle after the milk had been partly withdrawn, and in this way taking a certain amount of air into the stomach, was a very bad one, and required looking after. Thought the children should be thinly dressed. Where the stomach is very irritable, used lime-water and milk, a teaspoonful to the pint. In general, gave cold food.

Had been using *Arsenicum* and *Veratrum* mostly this sea-

son; *Iris vers.* when there is much vomiting, and boils about the child's head. Allowed them to suck pieces of beef, and bread moistened with the juice of roast beef; seldom allowed starchy food until after the teeth are cut; had found that infants under nine months of age, were generally worse after taking starchy food, and that it seemed irritating to the stomach.

Dr. Burgher thought it was an excellent plan to keep the children out in the air as much as possible, but in the shade.

Dr. Cooper, during the present season, had been using *Arsenicum* and *Veratrum*; *Creasote* when there was a constant tormenting thirst with a disposition to throw up. *Iris vers.* had generally been found useful later in the season, and in the exhaustion stage, with some irritability of the scalp.

Dr. McClelland: What do you prescribe for prickly heat in those cases?

Dr. Cooper: Cham., Croton tig, Rhus tox., Mercurius, and Dulcamara, as indicated.

Dr. Hofman found Rhus tox. and warm baths most often relieved.

Dr. Rankin, had used *Veratrum*, *Arsenicum*, and Croton tig. in his cases so far; Cuprum where there was a tendency to cerebral complication.

Dr. Cooper thought the raw bacon did good in cases where the stools were acrid and greenish, and when the mucous membrane shows signs of irritation. The use of the bacon renders the stools less acrid.

Dr. Burgher: Generally, in the second stage of the disease, when there was an aphthous condition of the mouth, with green, slimy diarrhœa, I found that *Magnesia carb.* rendered good service.

Dr. Cooper thought, *Arsenite of Copper* ought to be very useful in cholera infantum, but had not yet seen suitable cases for it.

Dr. Hofman thought that the dysenteric-like discharges calling for *Magnesia carb.* generally occurred early in the disease. In one case, of a few hours' duration, with much prostration and fatlike lumps in the stools, one dose of the 12th cured.

Dr. Seip: In children of all ages, where everything taken is thrown up, sometimes succeed in nourishing them for a time with cream and whey, with a small amount of sugar, administered every three or four hours.

Uses the liquid rennet, a teaspoonful to a pint of warm milk, strains, and keeps on ice, adding the cream as used.

Reported a case of cholera infantum, which had been under homœopathic treatment for some time in Cincinnati, and finally given up. Since then the child had convalesced on three or four teaspoonfuls of fresh unsalted butter given daily.

Dr. McClelland: Agreed that this disease was similar to the cholera morbus in the adult, although we had included in our discussion much that would come under the head of morbid dentition.

It is good practice to remove the cause from the patient; this cannot always be done, but we can often remove the patient from the cause; that is, send the children to the country, that would otherwise die.

Believed that children often suffer from the effects of the sulphur and mercury contained in the rubber nipple. Always uses the black rubber as less harmful.

Thought the beneficial effects derived from sucking the smoked bacon was due to the Creasote contained therein, which was often curative.

Remedies in addition to those named: Bell., considerable heat in head, red tongue, gums inflamed; may have watery, slimy stools, sometimes greenish. Found Bell. 200th very efficient in some of these cases.

Hellebore. Tendency to effusion on the brain; rolling of head; eyes partly open; skin clammy; gagging, etc.

Sulph. acid. Excessively restless children, when Chamomilla was of no service; aphthous condition; mouth generally dry.

Ecnothera biennis: Without much indication, except looseness of the bowels. Had used it early in cases, with success.

Dr. Hofman: Had used Bell. once or twice during the season. Considered it well indicated when the stools were whitish-yellow, with little particles like tomato seeds distributed in them.

Dr. Willard: Did not think that it was the Creasote that was the curative agent, but that it was the nourishment that they get from the fat.

Dr. McClelland: Do not say that the bacon cures all cases, but there are cases in which Creasote bears a close resemblance to the symptoms, and hence is curative, whether obtained in bacon or otherwise.

Dr. Cooper: Was not led to the use of the bacon from any

relation that it might hold to the case as a medicinal substance.

Thought that the indications in those cases in which he found bacon efficacious, generally called for Sulphuric acid.

On motion, adjourned.

PAREIRA BRAVA.

BY DR. TURREL, OF TOULON.

EMPIRICISM teaches us the healing power of many a remedy; and though despised by the old school, it is the glory of homœopathy to consider nothing insignificant, prove everything, and to hold fast to everything which may become a boon to suffering humanity. Such ideas induced us to experiment with some medicinal agents, well known in the Antilles, in Southern America, or in Europe.

The *Balsam of Copaiva* is reported in Porto Rico as a sovereign remedy for asthma. Let us not forget that asthma is only a symptom of many diseases, differing only in their seat and character; pathognosis must therefore give us the indication for the application of *Copaiva*. We know that it is also efficacious in urticaria, in inflammation of the neck of the bladder, caused by a rheumatismal metastasis, and in bronchial catarrh, accompanied by functional troubles of the urinary organs.

The *Lignum nephreticum*, bois de Coult (wood of Coult), *Guilandina moringa*, of the family of Leguminosa, is known among the negroes of the French Antilles as a specific for gout. We verified this indication where the articulations are swollen without redness, and so puffed up that every movement is impossible or at least extremely painful.

The *Ash tree* of our thickets and of our forests in Central France, furnishes in a decoction of its leaves and of its brushwood a grand remedy for gouty tophi, and for the bad ankylosis of old rheumatic patients. Dr. Chargé dynamized this remedy, and cured with it an ankylosis of the knee with contraction, which had existed for several years, and told on the health of the patient. He also used with benefit *Fraxinus excelsior* for deafness originating from gout.

The *Harlem drops*, a Dutch empiric remedy, shows singular efficacy in nephritic colic, when the calculi traverse with excruciating pains the ureters, with dysuria or even complete

suppression of urine. I administered it empirically in dilution, and succeeded several times in shortening the severe paroxysms. Recent analysis shows that the Harlem drops are composed of empyreumatic products from the combustion and distillation of the wood and of the berries of the common juniper. Should the pathogenetic studies of the agent be made with tincture of juniper or with the Harlem drops? For our school the answer must be that separate provings must be made, inasmuch as we have here two therapeutic agents with different properties, although originating from one source.

Pareira brava, the virgin vine of the Antilles, has already been used for the last twenty years by Mr. Lazare Imbert, a good sound homœopathist. My friend is subject to nephritic colics, and during the last years of his commercial life, he had several attacks which laid him up, and which always ended with the expulsion of several calculi; even in lighter attacks he always suffered from dysuria, bloody urine, and vomiting. The colics came nearly periodically, and in spite of all treatment the pains were sometimes unbearable. Some of his friends, suffering from the same complaint, recommended him to take a decoction of ten grammes of the root of *Pareira brava* in three glasses of water, boiled down to one glass, and to be taken on an empty stomach in the morning. Even if it does not cure the disease, there is no other remedy which gives so much relief in a short time.

Dr. Turrel was sure that a remedy capable of affording such relief, must also act in infinitesimal doses; but he did not forget that hygienic and medicinal treatment must be necessary to eradicate the disposition which causes the colics. Neither Mr. Imbert, nor other rheumatic or gouty patients, have the fortitude and perseverance to submit themselves to a strict homœopathic *régime* during the free intervals. Still I found out that *Pareira brava*, by its specific action on the kidneys, modifies the morbid genesis of uric acid, and must thus be effective in rheumatism and gout, of which the nephritic colics are only a capital symptom. We must have provings of this great remedy. *Descourtiz*, in his "*Flore Médicale*" (1827), gives the following description:

"*Pareira* with round leaves; *Liane* with leaves in the form of a heart; *Pareira brava*; *Cissampelos butue*, or virgin vine, climbing up, of the family *Menispermæ*; grows on mountainous places in Brazil, St. Domingo, Cuba, Martinique, and other Antilles, where the negroes esteem it a grand remedy and anti-

dote. The root is given in powder, from a drachm to two. Three drachms suffice for two litres (about four American pints) water, which are boiled down one-half.

“The virtues of this plant, although contested, are substantial, and have proved their efficacy in thousands of cases in the colonies. It cuts decidedly the viscous matter lodged and obstructing the bronchi, and expectoration is prompt and sufficient. It is also used in gonorrhœa, and for the stoppage of hemorrhages. Its leaves, applied on wounds and ulcers, notably hasten cicatrization. Its juice neutralizes fully the bite of venomous serpents. Of five negroes bitten by snakes, and brought to the hospital of St. Pierre (Martinique), three were cured by the use of *Pareira brava*. The other two died in four hours, as it could not be given to them. I witnessed many cases where cauterization and other means were faithfully used without any benefit, and where finally this vegetable antidote triumphed.”

1. Saffret, 50 years old, wishes to see me, March 9th, 1871. He is confined to his bed, and suffers already for seventeen days with nephritic colic, which commenced to show itself a year ago, comes regularly now nearly every three months, but lasts longer each time, and becomes more violent. He has passed several times uric calculi, and suffered from rheumatic attacks when travelling. As everything failed so far, he is willing to give homœopathy a trial. The urine is scanty, red, with brickdust sediment; dysuria, thirst, and stubborn constipation. I prescribed *Pareira brava*, three potions of the 30th, 24th, 12th, a drop of each in 150 grammes distilled water, to take alternately every hour a spoonful. Sugar-water for beverage.

March 10th to 15th. The pains are easier, the dysuria disappears, urine is more abundant and without sediment. He can rest better in bed, and on the 18th he comes to my office inquiring whether he should continue treatment. I remind him of his relapses, and order *Pareira* 30th and 24th, a drop, in the same quantity of water, to take a teaspoonful every morning.

April 14th. The urine is perfectly clear. *Pareira* 24th and 12th, *ut supra*.

June 1st. Patient smoked tobacco and drank liquor, and in consequence of it (perhaps also the old periodicity) complains of dull pains in the lumbar region. *Pareira brava*, mother tincture, 1 drop in 150 grammes aq. dist., every four hours.

I saw him again on the 15th, and he tells me that when taking the medicine he passed, without pains, a quantity of small calculi. He is advised to continue Pareira 6th, and I heard nothing of him till July 1st, 1873. During the whole twenty-five months Mr. Saffret had no paroxysm, except once, from dietetic mistakes, when he again suffered from lumbar pains, with brickdust sediment in his urine. A few doses Pareira cured him again, and he had no more attacks up to this date, February 20th, 1875.

2. M., a seafaring captain, suffered for years from rheumatism. By and by an endocarditis developed itself, characterized by aortic murmurs during the first tick, painful shocks in the præcordial region, and intermittent pulse (shrinking of the aortic orifice). Excessive oppression when going upstairs, and sleepless nights trouble him for a long time. *Aurum* and *Bell.* give him great relief.

January 19th, 1875. Towards evening he felt contusive pains in the renal region. His urine is scanty, deep red, nearly black, passed with great tenesmus, and a brickdust sediment settles in the bottom of the vessel. The nephritic colic increases from hour to hour, and towards evening it became unbearable. I prescribed Pareira brava, 6th, ut supra, to take a teaspoonful every five minutes till the pains are easier, and then at longer intervals. After taking it regularly up to eleven o'clock he felt so much better that he fell asleep, and in the morning he passed easily large quantities of urine. We see here the rapid and decisive effect of Pareira in hemorrhage of the ureters, provoked by the passage of stones. Two months have since passed without relapses.

3. Mrs. M. suffers from marasmus for the last ten years, or since her climaxis. At that time she passed through an albuminous nephritis, which was treated allopathically by large doses of Arsenic. Three years ago she had in Como (Italy) a severe attack of pneumonia, which was admirably treated and cured by Dr. Bruni, of Milan, a homœopathic physician well known by his success in treating diseases of the chest.

Called to this lady, I was frightened at her decline, and especially at the great oppression from which she suffered since that pneumonia, so that the least motion of her arms, or a few steps even in her room, nearly produce a fainting suffocation. She can neither lie down without help nor go upstairs. She sleeps good, but must be well propped up; no appetite, and slow digestion; no cough; no nightsweats; very exact exam-

ination of the chest fails to detect any sign of tuberculosis; respiration is short and panting, but produces no blowing between the two ticks. I conclude that, if there are no fatty deposits in the intercellular tissue, no heterogeneous neoplasma has been produced, and that the diagnosis of pulmonary phthisis is out of the question. To find out what is the matter with such high-graded emaciation, I examined the urine, and found quite a quantity of albumen, epithelial cells, and tubuli, showing a grave alteration of the mamillated eminences. The urine also contained red-brown crystals of oxalate of lime; quantity of urine during twenty-four hours from three-quarters to one litre. On account of this parenchymatous nephritis, we began our treatment (December 19th, 1874) with Arsen. 30th, six globules in a glass of water, a teaspoonful three times a day. December 25th. I am called in haste, as, for the last three hours, my patient has suffered excruciating pains in the left lumbar region. This unusual, unexpected, and so violent pain, makes death welcome to her. The pain radiates from the left kidney to the groin, following the course of the ureter. I prescribe *Pareira brava* 6th, a few globules in a glass of water, a spoonful every five minutes. After the second dose she felt much relieved, and passed a comfortable night. During the next five weeks I continued my treatment with *Pareira*, *Copaiva*, *Helonin*, *Nitrate of Uranium*, and *Thea viridis*, a dose once and awhile in the morning according to indications, and found the emaciation arrested, the albumen reduced by two-fifths, and the crystals of carbonate of lime mixed with the few remaining ones of oxalate of lime. Appetite has returned; she can walk alone to her room, even a few squares out of doors, and goes up a flight of twenty-one stairs.

4. Madame Beretta, 51 years old. Two years ago her menopause set in, and since then she suffers from nephritic colic; passes black, bloody, and foaming urine, depositing a brickdust sediment of uric acid. Before her menopause she had rheumatism of the left shoulder. I was called for the first time August 21st, 1873. I found her in bed, a prey to excessive pains in the kidneys, shooting down the left ureter. Passes the urine drop by drop, with violent tenesmus, nausea, and vomiting of a bilious fluid. She also tells me that she had passed for a long time gravel with her urine. I prescribe *Pareira* 12th, ut supra, teaspoonful every quarter of an hour. August 22d. Less pain; has urinated more freely; the urine is still deep-red and mucous; vomiting stopped. *Pareira* 24th,

ut supra, a dose every three hours; beef tea. August 23d. Entirely free from pain; she passed again a small red stone; the urine is clear and free from mucus. Pareira twice a day. October 25th. Prodromata of a new attack. Pareira 12th. August, 1874. Feels again some lumbar pains, which again disappear in three days under Pareira 24th.

5. M., marine officer, 58 years old, suffered for the last ten years from nephritic colics, and passes frequently small crystals of uric acid. Formerly I treated them with Nux vom., Bry., Uva ursi, and always found them very obstinate to treatment. August, 1874, he had a severe attack, for which he immediately received Pareira. In two days he was well.

6. H., an officer of the navy, 57 years old, was attacked with nephritic colic July, 1874, which confined him to his bed for eight or nine days. He frequently has rheumatism and neuralgia. A new attack began in December, 1874, which, under Pareira, also only lasted two days, and the captain was able to start immediately on his tour of inspection.—Translated by S. LILIENTHAL, M.D., from *Bibliothèque Hom.*, February, 1875.

Similar cases treated by Pareira may be found in *British Journal of Hom.*, Oct., 1850; *A. H. Z.*, 51, p. 23; *Hirschel's Hom. Klinik*, v, 47; *N. A. J. of H.*, 18, p. 491.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

Morning Session.

THE Society convened March 18th, 1875, at the Supreme Court room in Syracuse. The morning was execrably cold and blustering, and the prospects of having much of a meeting were not at all flattering. Though in mere numbers the gathering was comparatively small, in professional experience and enthusiasm it was a decided success. Indeed, a few intelligent, earnest, and practical physicians thus meeting together to report their actual experience for mutual improvement, are in themselves a host. Every member present participated in the discussions, thus greatly contributing to the interest of the proceedings. There were no general discussions even on *state medicine*, nor tedious reports of bureaus,

nor any lumbering machinery serving to occupy precious time.

In the absence of President Schenck, Dr. Spooner was elected temporary chairman. The minutes of the last meeting were read and approved.

DIPHThERIA

was announced as the regular subject for discussion, when the following paper, by Dr. Parsell, of Weedsport, was presented :

“Diphtheria is a disease which I have met in my practice more or less every year. It may occur at any time during the year, but is most prevalent during the winter and spring months. It arises at times in neighborhoods, confining itself to one, while adjoining neighborhoods are exempt from it. At times it will be quite prevalent with the country residents, when the village will be entirely free from it, and again *vice versa*. The disease usually assumes a mild form, lasting only a few days and then yielding (but is none the less diphtheria then), and again takes on the malignant form, raging with unyielding fury, withstanding all known medical appliances. The character of the disease during the past three months in my field of practice has been of a mild form. Its beginning has been indicated by chilliness, sometimes light creeping chills, as they are described, and others distinctly marked, heavy chills, followed by great prostration of strength, with an angry, dark-red inflammation of the nostrils and pharynx, and immediate deposit of a whitish or grayish substance on the tonsils or pharynx, or both, and always accompanied by a fetor of breath which is peculiar to diphtheria, and which in my opinion is an unmistakable evidence of this disease. In all the cases which I have treated within the time mentioned, the deposits about the throat have disappeared in from two to five days, and usually my patients have speedily recovered their strength; but in a few instances, languor and debility have continued for weeks. The disease has attacked children and adults about equally; one as likely to recover speedily as the other. For the local affection I have used with an atomizer a spray from the solution of carbolic acid and glycerin, with good effect, and have given the usual homœopathic remedies as indicated by the individual case. As preventive measures, I deem cleanliness, and care in regard to the use of towels and clothing which are used by those with this disease, and good ventilation, as important; and no person

in health should sleep in the same bed with a patient with diphtheria. The disease is to a certain extent contagious, and children may take it by being kissed and handled by those who have it. It is our duty as physicians to advise and guard our patrons against disease, as well as to cure."

Dr. Seward questioned whether fetor was characteristic of diphtheria as represented in the Doctor's paper.

Dr. Hawley always supposed that the peculiar exudation was characteristic of this disease, and he had found cases without fetor. If there be no exudation in a case it is not diphtheria. The fetor in scarlatina is similar.

Dr. Clary suggested that there must be a stage of diphtheria preceding the exudation. He thought we could prevent the exudation stage in many cases by the exhibition of appropriate remedies. Malignant diphtheria is one of the most fatal of diseases. He referred to a fatal case, in which the child died in the short space of four hours after the first onset of the disease. He thought he could diagnose a case by the fetor.

Dr. Hawley referred to a case of diphtheria in which the pearly white exudation appeared on the genitals of a little girl, without fetor or inflammation of the throat. The case proved fatal in a few days.

Dr. Brown read the following interesting summary of Oertel on diphtheria.

"In the first volume of 'Ziemssen's Cyclopædia of the Practice of Medicine,' published in November of last year, appears a very exhaustive and elaborate article on diphtheria, by Prof. Oertel, of Munich. Prof. Oertel has made diphtheria the study of his life, and speaks with authority. This author says diphtheria is one of the oldest epidemic diseases of the human race. It was known by Homer and Hippocrates, under the name *Malum Ægyptiacum*, as a disease greatly to be feared. Bretonneau was the first to accurately describe it in 1821, but in his judgment diphtheria and croup are identical, the latter only a higher degree of the former. Later still, Virchow advanced his theory, founded upon a pathologico-anatomical basis, directing attention especially to the occurrence in diphtheritic inflammation of an exudation into the substance of the mucous membrane, followed by mortification of this membrane, from cessation in the supply of nourishment, while in croupous inflammation the exudation lies upon the surface of the mucous membrane. In opposition to the opinions based upon Virchow's theory, that diphtheria and croup are entirely

heterogeneous processes, Wagner endeavored to prove that both were one and the same disease, the one confining itself to the throat while the other involved the air-passages. Buhl taught that diphtheria was a general infectious disease, entirely independent of any previously existing local disease. The above embraced the more prominent theories held at the time Heuter and Oertel discovered simultaneously that the diphtheritic membranes, the subjacent diseased parts, and even the blood, contained in great numbers vegetable organisms, to which Oertel gave the name of *micrococci*. Animals were infected with diphtheria by inoculation in the trachea and on the cornea. In these cases a rapid increase of the vegetation follows in an extremely short space of time. The point of inoculation forms a centre from which the growth of these organisms radiates through the tissues. These organisms are very minute, round, shining spheres, standing upon the very borders of the visible. The author states that with the increase in intensity of the diphtheria, he can always demonstrate a progressive increase of these organisms in the infected parts. He believes, with Eberth, that *without micrococci there can be no diphtheria*. He considers diphtheria a miasmatic contagious disease, occurring sporadically as well as epidemically, and may in certain localities especially favorable to it become an endemic disease. It develops spontaneously, its origin being a miasm, and is induced by contact with objects and persons affected with diphtheria. He claims to have proven that it is at first a disease which is localized, attacking especially the mucous membrane of the air-passages, and from this point as a centre it affects the whole system and becomes a general disease. The author distinguishes four forms of the disease, viz., the *catarrhal*, the *croupous*, the *septic*, and the *gangrenous*. In the treatment of the disease, he takes strong ground against general and local bloodletting, and the use of astringents, caustics, and the like, and claims that the mechanical detachment of the pseudo membrane is a useless and dangerous interference, since the contagious material is not confined to the false membrane, but is present throughout all the membranes involved, as well as noticeably in the fluids of the mouth. Any mechanical detachment produces small wounds of the surface of the mucous membrane, and admits the possibility of an easier entrance of vegetable parasites into the tissues. The immediate result is a rapid reproduction of pseudo membrane; but the final results, where such a pro-

cedure has been resorted to, are extraordinarily bad ; the vast majority of patients succumb to the infection of the general system. He tells us that a similar state of things occurs when attempts are made to combat the local process by cauterization. The irritation caused by the use of astringents increases the inflammation. They do not diminish the fibrinous exudation, nor do they effect the detachment of the pseudo membranes. The author's plan of local treatment consists in the employment of moist warmth, in the form of hot vapor, by means of which a temperature of from 113° to 122° Fahr. can be kept up for a considerable time in the mouth of the patient. This procedure tends to produce an abundant supuration and complete detachment of the pseudo membranes. In the application of the hot vapor an ordinary broad pot, with boiling water, can be used, from which the vapor as it forms is conducted through a suitable funnel, as hot and abundant as possible, into the mouth of the patient. The number and duration of the separate inhalations will be determined by the intensity and extent of the local process. The longer the disease has already lasted, the greater the extent of the exudation, and the more rapid its decomposition, so much more energetically must the use of the vapor be pushed, the highest possible temperature being used, and quarter-hour sittings following each other at intervals of half an hour."

Drs. Brown and Bigelow had used the vapor of hot water in some cases of diphtheria with success.

Dr. Hawley had never used the vapor of hot water in diphtheria, but he had often in quinsy and common sore throat, with great relief ; also hot water gargles.

(Dr. Dunham's specimens of *Sepia*, for proving, were distributed by the Secretary among the members, who were to report for the American Institute.)

Afternoon Session.

Dr. Fry generally uses *Phytolacca*¹ in diphtheria. It cures nearly all his cases. He prescribes it empirically without particular indications.

Dr. Boyce, after a long absence from the Society, again reported in person. When he does attend he comes *loaded* to compensate for past delinquencies. He remarked that *Lac canium* was used for the most prominent indications of *Bella-*

donna, Lachesis, and Lycopodium. He wished to obtain that remedy. Lachesis was his favorite remedy in this disease, especially when the exudation commenced on left side, and when there was intolerance of pressure upon the throat. He never got any brilliant results from any other remedy.

Dr. Swift gave his experience in diphtheria, especially when the malignant form prevailed ten or fifteen years ago.

Belladonna 2d cent., alternated with Iodide of Mercury 1st cent., cured most of his cases as they ordinarily occurred.

Hepar sulph. controlled when complicated with the scrofulous diathesis.

Muriatic acid¹ cured putrid form, or malignant cases. Dose every hour until better.

Dr. Boyce had used Bell. and Iodide of Mercury very extensively. Patients generally got well, but he never saw brilliant results such as he admires.

Dr. Hawley frequently used Iodide of Mercury, but it always disappointed him. He sometimes fancied that Mercurius sol. was useful. A case was characterized by *painful empty swallowing*, but patient could swallow food or drink without pain. Mercurius sol.³⁰ speedily cured. This indication was characteristic of the remedy.

Dr. Jones always found that Iodide of Mercury aggravated the malignant form. He lately cured two malignant cases with Phytolacca¹ and Muriatic acid¹.

Dr. Boyce in his early experience commenced boldly with Lachesis as a specific. Some cases it cured nicely, but in others it failed. Carbolic acid gargle with him succeeded best. It removed fetor, prostration, and everything in a few hours. He used the dark solution, one or two drops in a glass of soft water. Gargle every hour.

He reported a severe case of diphtheria that occurred some years since in his practice. For several nights previous to the development of diphtheritic symptoms, a married woman would invariably awake with a feeling of great discomfort. After two or three nights with this feeling of uneasiness and discomfort, she would awake with headache and pain in the limbs. Finally, with all these symptoms, she had severe angina; throat dark-red, with exudation; high fever, and severe headache with throbbing. Patient could not bear the pressure of clothing on the throat. Belladonna²⁰⁰ once in two hours all day. At night no improvement, but worse. Then Lachesis²⁰⁰ one dose. Before an hour elapsed, for the

first time during the attack she slept. No repetition of dose. Next morning headache better, but throat the same. Sac. lac. p.m., headache and pain in limbs relieved. But she still would awake with discomfort. Case progressed right along to a cure without interference. Never saw any such brilliant success with Iodide of Mercury. He referred to Dr. Benson's case of acute gastritis.

Dr. Benson said in this case Arsenicum seemed plainly indicated, and it was given first in 3d potency, then 30th without relief. Finally, the 500th was administered with speedy improvement, and two doses effected a complete cure.

Dr. Boyce wanted to see disease thus wiped out by a single remedy.

Dr. Fry remembered a case of poisoning by Carbolic acid. A little child swallowed a mouthful or two. There was angina, with diphtheritic and purulent exudation, and high fever; pulse 140.

Dr. Benson: The only gargle I ever used was chloride of lime, a few grains dissolved in a tumbler of water.

The members present never got any benefit from chlorate of potash in diphtheria.

Dr. Fry once cured gangrena oris with chlorate of potash, internally and locally.

Dr. Hawley had cured dozens of cases of gangrena oris in the Orphan Asylum, with nitric acid.

Mrs. Dr. Raymond had been accustomed to use chlorate of potash and muriate of iron in diphtheria, allopathically or empirically. Was not satisfied with the results.

Dr. Mary L. Garrison had seen a severe case of diphtheritic croup in Brooklyn treated with vapor of hot water and liquor calcis chlorinatæ (Neidhard's) locally, and Kali bichromatum internally. It was cured, though considered a fatal case.

Dr. Warren had successfully used Belladonna, Biniodide of Mercury, and Persulphate of iron, ten or fifteen years ago, when diphtheria prevailed in a malignant form. Frequently large pieces of membrane were discharged from the throat. He found no such severe cases since that time.

Dr. Southwick, of Rome, had seen large pieces of false membrane expelled from the throat in diphtheria after the use of bromine, a strong preparation. Some added bromine to chlorate of lime. Referred to Dr. Neidhard's reported success with his liquor calcis chlorinatæ.

Dr. Hawley said this was the allopathic or empirical method of prescribing a remedy, because Dr. Neidhard or Dr. Jones says it is good in diphtheria. This is the way he formerly practiced allopathy. If driven to empirical treatment he employed such means.

He quoted Dr. Hering's saying, that *Gelseminum* was a birth by breech presentation, having been first tested upon the sick, and afterwards upon the healthy. He thought such births were better than none at all. He claimed that he was a *doctor*, and as such he had a right to use local applications. We look after the diet and cleanliness of a patient. This is not homœopathy. In a severe case of colic you use hot fomentations, and may relieve by them. These are not allopathy. But he desired to use drugs according to the law of similia. He had a right to use chlorate of lime or any other remedy, but he wanted to find out its peculiar and appropriate sphere of usefulness. He never occupied any other position.

He then explained his reasons for applying for admission to the allopathic medical society. A prominent allopath had said that they hampered no one's practice. Intelligence and good character were the only prerequisites. They would admit a homœopath, if an intelligent and honest one could be found. If there were any such allopathic society, he wanted to join it.

(Dr. Swift, of Auburn, referred to a case in Auburn, of four daughters born at one birth. The attending physician reported that they were all shoulder presentations. Mother and children all doing well.)

Dr. Gwynn said that neither *Belladonna*, *Iodide of Mercury*, nor *Lachesis*, cured all cases. But in Auburn, *Iodide of Mercury* often cured.

Belladonna cured in acute angina with rapid diphtheritic deposit.

He referred to a fatal case of small-pox, with diphtheritic feter and exudation. The feter suggested diphtheria. There was a ropy expectoration.

Kali bich. subsequently cured several similar cases, characterized by this feter and ropy expectoration.

If diphtheria be a local poison, it may be homœopathic to use local applications.

Dr. Swift: Diphtheria is not a local but constitutional disease. He had a case of diphtheria in which the exudation ap-

peared also on the leg where the patient had a gash. If in any disease the blood is affected, this is one of them, and local applications will not cure, though they may relieve.

Dr. Benson read from his cousin, Dr. Stephen Smith's late medical book, some plausible theories and speculations designed to disprove the truth of homœopathy. (Theories and speculations in regard to this system are cheap, but this Society are in quest of facts and experience.—MILLER.)

Dr. Gwynn remarked that Job had him (Dr. S.) in view when he said wisdom would die with him.

Dr. Boyce: Diphtheria is one of the most serious diseases. Each member must have had success in its treatment with the single remedy, thus enabling him to give the indications. Such reports only appeared to him of much value and interest.

Dr. L. B. Wells's Experience in Diphtheria.

Baptisia is an important remedy in this disease, since the fever is of a typhoid type, and especially when the breath is offensive. But

Kali bichrom. is his principal remedy upon which he relies with most confidence for the removal of the exudation of lymph. Many cases he has successfully treated with no other remedies.

Iodide of Mercury has been indicated in some cases, but rarely.

Nitric acid has also proved curative in some cases. Potencies 6th and 30th.

Gargles and local applications he considers totally unnecessary; he has no occasion to use them. He leaves them to those who have no faith in the law of similia. The best success can be attained by carefully studying up a case, and applying the appropriate internal remedy. Two serious objections to local applications are that they may hinder the action of the right remedy and complicate the case. He has lost no case in five years.

Dr. L. B. Wells reported the following practical and interesting paper:

Characteristics and Brilliant Strokes.

"As a medical or therapeutical term it would indicate the special relation of a drug to an abnormal condition, proved and demonstrated by repeated applications.

"A symptom of a drug in italics with a star prefixed is not the only proof of its being a characteristic, for often a symptom in the ordinary text will demonstrate in its therapeutic action equally as strong proof of homœopathicity in its relation to disease.

"A symptom which may be a characteristic to one, may not be so marked to another, and we thus see and realize the necessity of keeping a record of confirmation of symptoms.

"In illustration of my idea I will give a few cases from practice.

"When in Pompey, in practice, in 1849, I was called to see a man who, returning home in the dark, stepped a foot in a hole in a bridge he was crossing, producing a severe contusion from the ankle to the knee of the integuments of the limb. Inflammation was the result, which yielded to Aconite and Arnica, but for weeks a purple discoloration remained, caused by extravasated blood in the cellular tissue, which the Arnica would not remove. The patient said he did not like to have this left in this condition, and if there was anything in homœopathy that would remove it he wanted the benefit of it. On a careful study of the *Materia Medica* the most I could find was *Ledum*, under skin, 'spots like petechia.' Applied a weak watery lotion and the 6th potency internally, and in a few days the discoloration entirely disappeared.

"An old lady, 74, fell, and the bridge of the nose came in contact with the edge of the chair, causing severe pain and extravasation of blood in the cellular tissue on each side of the nose and under both eyes. A lady friend told her that she would never be free from those spots at her age. *Ledum* internally and externally removed all vestige of it in one week.

"I have confirmed the efficacy of *Ledum* in numerous cases, enough to make it characteristic in such cases.

"*Apis* gives stinging pains, dyspnoea, or sensation as if the subject could never breathe again, as in hydrothorax."

(Dr. Miller: This sensation is doubtless caused by partial paralysis of the pneumogastric nerve.)

In 1849 Dr. Wells said that Dr. F. Bigelow and himself proved *Apis*, and both got this last pathogenetic symptom, which had been of great practical value to him in the treatment of bronchial and pulmonary affections. Guided by this symptom he had cured many cases.

A young lady had a peculiar cough, which recurred every evening at sunset and continued until midnight; she could

not describe it. He gave her Hyos., Ars., Pulsatilla, and some others without relief. He then took up the *Materia Medica*, and read to her the cough symptoms of some eighty or one hundred remedies, commencing with Zinc met. On reading Aurum, this symptom in the usual text, "cough for want of breath at night," she at once said, "This is my case exactly." She had Aurum²⁰⁰, and the cough disappeared at once, and for several years afterwards she had occasional return of the same, and Aurum never failed to cure.

He said that the relation of Agaricus to spinal diseases, as developed in Allen's *Materia Medica*, was very important, and this alone amply repaid him for the price of the volume.

Dr. Hawley was greatly interested in Dr. Wells's paper and his practical remarks. If Dr. Hawley finds some peculiar clinical symptom, even in common type in the *Materia Medica*, and not marked by an asterisk, he accepts it as characteristic.

Dr. Fry reported his own case as follows: When at college any mental effort produced severe headache, incapacitating him for study, writing his thesis, or any mental labor. Dr. Hering prescribed for him one or two doses of Natrum carb.³⁰, which promptly cured him, and he was then able to finish his thesis. (Compare aggravation by Nux vom. and Calcarea phosphorica.—M.)

Dr. Gwynn, with Cactus²⁰⁰, cured a chronic case of palpitation of the heart, characterized by a fluttering sensation in the heart like a bird's wing. Also a case of puerperal fever with Rhus tox. Patient's feet were in constant motion from restlessness.

Also a case of dysentery cured with one dose of Sulphur. The child was faint regularly at 11 A.M., and there was an early A.M. aggravation of dysentery.

Dr. Miller had with warm local baths made good cures of severe sprains with extensive ecchymosis.

Clinical Cases.

Cough.—Dr. Warren had a troublesome hacking cough when recently prostrated with typhoid fever. Whenever he was about to fall asleep he began to cough, and then he would cough constantly all night. Finally he coughed even when he shut his eyes. If he once got to sleep he coughed no more. Cough worse from 1 P.M. to 1 A.M. Hepar⁶⁰ cured.

Typhoid Fever.—Dr. Hawley aborted a case of typhoid fever with Baptisia indication; patient every morning found himself scattered all around and could not get himself together.

Headache.—He had a case of headache with wakefulness at night. Patient cried from pain. Although the patient had a Nux temperament, Pulsatilla cured.

Dr. Swift with Lachesis never failed to cure headache caused by fright.

Dr. Miller had a headache, worse towards night and after retiring to bed. There was aggravation from the heat of a room, and relief in open air. Pulsating pain with heat and pressure in cerebellum. Nux temperament. Pulsatilla relieved. He mentioned Dr. Beigler's experience with Iris, as reported by Prof. Lilienthal; Dr. B. with this remedy curing nearly all his cases of sick headache when preceded by a blur before the eyes. When this symptom is absent he finds that the remedy fails. Compare Argent. nit., Natrum mur., Psoricum, and Stramonium.

Neuralgia.—Dr. Boyce was requested, by a vote of the Society, to relate a case of neuralgia, which was a specimen of several similar cases in his practice. When the pain was in the head it was located in the supraorbital nerve over the right eye, worse at 11 A.M. Relief from external warm applications. But Arsenicum and several other remedies failed.

In Schussler's "Tissue Remedies," Magnesia phos. is prescribed for similar conditions, but not for pain over the eyes. This remedy relieved almost instantly, and cured the second day.

2. A young lady was subject to headache and neuralgia. When the headache got better the same pain would come on in some small spot on the lower extremities. It was a severe aching pain, with great soreness. Arnica cured. While taking this remedy she said a new symptom was developed; fear of any one coming near her lest she should be touched.

3. Lachesis cured a case of headache, always worse on rising in the morning. Afterwards he ascertained that the same remedy also cured the patient of menorrhagia, to which she had long been subject. A hemorrhagic tendency is peculiar to this remedy.

4. With Natrum mur.²⁰⁰, he cured a case of ague with daily chills, soreness of the nose, face, and mouth, and an anæmic condition. Two doses improved the appearance of the spots

on the nose and the sores on the tongue. No more chills. Paroxysms will not be liable to return.

5. Moschus in palpitation cordis. Have had charge of an elderly lady some years. She is extremely susceptible. With her dyspeptic troubles, she always has palpitation of the heart, dyspnoea, prostration, nervousness, etc., and she says, "*I shall die, I know I shall die.*" But she never did die under these circumstances. (See Agnus castus.—M.) Moschus²⁰⁰. Before the next morning the dyspepsia and all the symptoms were relieved, and two or three prescriptions of same remedy cured.

Angina Pectoris and Hemiplegia.

Dr. Hawley gave an account of Dr. Miller's recent severe attack of angina pectoris. The Doctor could not lie down for several days and nights. He afterwards improved in health several days, when his left arm suddenly became numb. This numbness soon disappeared. The succeeding night he awoke from a quiet sleep about midnight, and found that the right half of his person was completely paralyzed. At first he was speechless, but after a considerable effort, he said "spasms of left side and paralysis of the right—Raue." On consulting Raue, Dr. H. found that Belladonna was indicated. In ten or fifteen minutes after administering a dose of this remedy, Dr. M., could speak distinctly and use the paralyzed limbs. With great satisfaction he remarked to Drs. Seward and Hawley: "Now, Doctors, you have done enough for one night and you can be excused."

So prompt a cure of a case of hemiplegia was to him (Dr. H.) entirely unexpected. At first he was inclined to think he had made a blunder in the diagnosis, and that it was a case of catalepsy, or that the Doctor, expecting an attack of paralysis, awoke from nightmare after eating too hearty a supper. But these ideas were all dispelled, when the next morning he found evident traces of hemiplegia remaining. The right side of the face was still distorted as in paralysis; there were also numbness and weakness of right upper and lower extremities, and a sore aching pain in left cerebellum attended with heat and pressure. During several weeks these cerebral symptoms frequently returned, but they were as often either dispelled or palliated by a repetition of Belladonna 30 or 200.*

* After using Belladonna followed by Pulsatilla some two months, another remedy was sought and found in Glonoïn²⁰⁰. Indications: relief by cutting the hair; by uncovering the head, and by external pressure. Pain, heat, and fulness ascend from lower occipital region.—MILLER.

Dr. Mary A. Garrison was proposed for membership, and the committee on credentials reporting favorably, she was unanimously elected.

The Secretary announced the decease of Prof. J. H. P. Frost, one of the ablest of homœopathic authors, and an honorary and corresponding member of this Society.

The decease of Dr. Smith, of Auburn, was also announced. On motion, the following committee were appointed to draft resolutions of respect to be included in this report: Drs. Miller, Boyce, Benson, Fry, and Gwynn.

The Society then passed resolutions on the death of Prof. J. H. P. Frost.

Also the following resolutions on the death of Dr. E. P. K. Smith, late of Auburn, N. Y.

WHEREAS, In the death of our brother in the profession, the late Dr. E. P. K. Smith, it is suitable and proper that this Society should bear record to his worth as a citizen, and to his fidelity and skill as a physician;

Resolved, That in his death we realize the loss of a citizen of unblemished and untainted life, and a purity of character rarely equalled; that the conscientious fidelity with which all his duties in private life were discharged, shone still more conspicuous in the earnest zeal and untiring industry given to his profession. His fine abilities were at all times at the service of his patients, and prompted by his kind heart, no effort was relaxed, no duty omitted for their relief, that science could suggest to him or human energy supply.

Resolved, That we deplore his death, and tender to his family our sincere sympathy in their deep affliction.

The following subject was selected for discussion at the next meeting: Characteristics, Analogies, and Contrasts of Belladonna, Hyoseyamus, and Stramonium. Each member is requested to report clinical experience, especially in regard to these great polychrests.

Adjourned to the Annual Meeting, June 17th, to be held in the Supreme Court room, Syracuse.

“TRIVIAL SYMPTOMS.”

THE FANCIED DISCOVERY OF A MARE'S NEST.

BY J. P. DAKE, M.D.

It has long been my habit, in writing or speaking on medical topics, to be explicit and exact.

In representing the views of another, especially when I have undertaken to combat them, I have always been partic-

ular to state them correctly; and I do not consider that I am asking too much, when I demand a fair and candid representation of my views at the hands of those who undertake to controvert them in public ways and places.

In the February number of the *North American Journal of Homœopathy*, Dr. P. P. Wells, p. 342, accuses me of citing two important symptoms of Aconite, in *Allen's Encyclopedia*, as "worthless and absurd," viz., "Heaviness of one of the eyelids, and heaviness of one side of the body." He says: "To the critic these were so destitute of significance, that they were given as representatives of the large class complained of as worthless and absurd. To another, and he an acknowledged master of *Materia Medica*, and eminent above most in the practice of our art, these same despised symptoms were significant of quite important clinical relations, viz., of impending paralysis. It is worthy of remark, that in this criticism there was no attempt to show that these symptoms were not produced by the drug (?), nor that they had not been fairly or truly recorded."

In my paper, from the Bureau of *Materia Medica*, I was discussing the necessarily imperfect character and uncertain value of symptoms, not on account of themselves, as to their *significance*, but on account of the *character and condition of the provers* reporting them.

The symptoms referred to had been given to the public, as I said, by "a physician, editor, author, at first an allopath, then a professed homœopath, and finally a revert to allopathy." The prover, to-day, laughs at our *Materia Medica*, containing his own provings, as the grandest of humbugs. I questioned the value of the two symptoms, not because "absurd" or "trivial," not for what they *appeared to mean*, nor yet for what they *did not mean*; but simply and solely, because they had been reported by a prover in whose *medical honesty and veracity* I had no confidence.

If I am not yet understood, I will illustrate by a parallel case.

Suppose a young doctor, ambitious for fame among his fellows, proposes to himself to act as a prover of drugs. He takes some drops of tincture upon his tongue, and pen in hand, sits down to record the effects.

In due time he sends to a medical journal his "proving" of the drug, which he knows full well must carry his name all over the land, from one journal to another, and even to

foreign countries, and into the huge volumes of *Materia Medica*.

And after being thus engaged for several years, he feels that, after all, he is not fully appreciated among his brethren of the new school, or that it is unbecoming a man of talent and education to stay among a set of professional men so easily gulled by what he knows to be fanciful provings, reported by himself; he renounces his belief in the *Materia Medica Pura*, the law of similars and attenuated doses, and goes over, with a flourish of trumpets, to the old school, whence he came.

In after years, when an effort is made to gather all the provings together, in the form of an "Encyclopedia of Pure *Materia Medica*," should the symptoms reported by *him* be included? That is the question. It is not whether his symptoms mean this or that—whether they refer to "impending paralysis," or something else,—whether they are "trivial," or pregnant with pathological suggestions;—but the first and greatest question is, *are his symptoms true drug effects*, or are they the fabrications of an ambitious and fanciful mind?

Had this inquiry been made regarding *Hofbauer's Proving of Osmium*, it might have saved the "*Archives de la Médecine Homœopathique*" the mortification of having published, as *drug symptoms*, the fabrications of a young allopathic doctor in Leipsic.

Doubtless many an experienced and astute practitioner saw, or thought he saw, in the symptoms reported by the shadowy "Hofbauer," some that "were significant of quite important clinical relations!"

The "internal evidences" as to the character of our *Materia Medica* are not sufficient to settle its value, making it either a book of fables or the "book of books."

We must take the external evidences also, considering the sources and channels as well as make-up of its contents.

If it came from authors unworthy of our confidence, or situated so as to make them incapable of giving us "the truth, the whole truth, and nothing but the truth," we have good cause to doubt its reliability.

The symptoms of *Aconite*, mentioned by me in the *American Institute*, were considered solely as to their origin and consequent right of place in *Allen's Encyclopedia*.

A drug-prover may be *honest*, but incapable; or he may be *capable*, but unscrupulous.

He may be *honest and capable*, and yet so unfavorably

situated as to get an imperfect reflection of the drug influence; or he may be *honest, capable, and favorably situated*, and yet have so made his record as not to be rightly understood.

What I have objected to, and what I shall ever object to, is the disposition of our *Materia Medica* writers to gather up and place upon a common level all the symptoms they can find, regardless of source or character or value; and the tendency to make provers of the well, the sick, the honest, the dishonest, the ignorant, the fanciful, here, there, and everywhere, without proper direction, and tests, and diagnostic means.

The plan marked out by the Bureau of *Materia Medica* in the American Institute, for the re-proving of *Sepia*, is in the right direction. It is an approach to the "College of Drug Provers."

I must here express my surprise and regret, that my esteemed friend, "C. D.," who is always exact and fair in his writings, should intimate, in his notice of *Allen's Encyclopedia*, that I had referred to the two *Aconite* symptoms as "trivial." When the *Transactions* of the last meeting of the Institute appear, and the good Doctor reads my paper, he will see the injustice done me by his intimation.

And while I am in the way of correcting wrong impressions, I must refer to the statement, in the *New York Journal*, that at Niagara Falls, in my argument on *Materia Medica*, I advocated an "Objective Symptomatology."

Seeing the statement and believing it to be a mistake on the part of a correspondent, and not an intentional misrepresentation of my views on the part of the *Journal*, I sent a note, asking for a correction, six months ago, and yet no correction has been made.

I have never, either in speaking or writing, advocated the *objective* symptoms to the exclusion or neglect of the *subjective*; especially did I not do so at Niagara Falls, as the published *Transactions* of the Institute will clearly attest.

NOTABILIA.*

BY BUSHROD W. JAMES, M.D., SCRIBE.

WEATHER PROVING FOR JANUARY, 1875.—The entire month was marked with cold weather, there being only six

* From the proceedings of the April meeting of the Philadelphia Homœopathic Medical Society.

days in which the thermometer ranged above freezing-point, January 4th, when it ranged at 36° ; 7th and 8th, when it ranged at 36° ; 22d, when it again ranged at 36° ; 28th, when it averaged 30° , and the 30th, when 34° was the average for the day. There were no very high winds, and the barometric condition averaged very much the same humidity during the entire month, the ground and rivers being frozen up. There was a good deal of cloudy weather and almost continued sleet, interrupted with a heavy snow about the middle of the month, which remained on the ground about ten days.

During the first week bronchial catarrhs were very prevalent, as well as colds and coughs, with hoarseness and sore throat. On the 4th there was a marked change in diphtheria cases for the worse; on the 7th there came a warm rain, and diarrhœas set in. There was about this time a number of cases of hemorrhage of different kinds. There was observed, during the second and third weeks, especially while the ground was covered with snow, a number of cases of conjunctivitis and other ophthalmic disturbances. Neuralgias also abounded, and at the close of the month chilly feelings and non-intermittent chills occurred in invalids without apparent cause. In a former report I referred to the severe form of scarlatina that was prevailing at Germantown, and in the *Notabilia* I referred to a class of mild pseudo-scarlatinal cases which prevailed in this part of the city in December; these continued during the month of January in a still lighter form.—SCRIBE.

FEBRUARY, 1875.—The temperature marked a low point throughout the month, and no continued high winds occurred, and the barometric condition was about the same as the previous month, there being a great amount of cloudy and rainy and sleety weather, with some few fogs. Catarrhal colds, bronchial catarrh, sore throat, acute bronchitis, and pneumonia and neuralgia, especially odontalgia, were the prevailing disorders of the month; diphtheria did not prevail to any extent, and there was no unusual number of scarlatina cases.—SCRIBE.

MARCH, 1875.—The month has been characterized by the continued cold of the two previous months, the rivers and soil being frozen up until the latter part of the month. A great deal of slippery, rainy, sleety, snowy, damp, and cloudy weather has prevailed, until the last three or four days of the month, when genial warm spring weather set in, carrying off the ice of the streets, and loosening the gorges of ice that still remained in the upper part of the rivers in the northern

part of the State, and melting the mountain snows. The winter was mild up to about January 1st, when cold, freezing weather set in, and continued almost uninterruptedly until last few days of March. An unusual number of slippery sleety days has kept the hospitals well filled with fracture, dislocation, and other accident cases. In the southern part of the country it has been very warm and debilitating, probably too much so for the consumptives visiting southern resorts. Two cases of yellow fever were reported at Key West at the end of the month, and proper quarantine measures are being taken along the Atlantic ports to prevent its spread further than the infected station.

The first few days of snowy, foggy, and sleety weather, chest pains, coughs, neuralgias, and rheumatic affections prevailed. Then came cases of sore throat and epistaxis, after which, at the end of the first week, diarrhoeas set in, most of which were characterized by thin watery stools, not much pain or soreness, but lasting usually several days in the mildest cases; some cases had vomiting, and the infantile diarrhoeas were attended often with green evacuations. Bowel disturbances were noticed throughout the rest of the month, and were observed by a number of Philadelphia physicians, all to whom I submitted inquiries on this point; a few cases had bloody and slimy passages, but not the tenesmus of dysentery. There was a great tendency to hemorrhages throughout the month, and epistaxis and uterine hemorrhages were numerous.

During the second week there was an unusual number of cases of stiff neck and cervico-spinal pains, with distress in the occipito-spinal region; these pains and distressed feelings extended to the trapezius and other muscles of the sides of and back part of the neck. There was some tendency to typhus petechialis just after that period, or about the middle of the month, but not many cases occurred.

Rötheln, or rubeola, as it is sometimes called, has prevailed considerably during the month. It is very mild; the eruption looks somewhat like measles, but the suffused and reddened eyes and cough do not attend this disease as in measles. It is very light, and no unfavorable results follow, nor do sequelae result, as far as observed. Catarrhal affections of the nose, throat, and bronchial region, so common during this month in this climate, have prevailed as usual; coughs also, but not to the extent that they did this month a year ago (1874), when very high winds prevailed a greater part of the

month. This season there was but little high wind, and winter leaped quickly into spring instead of by a series of sudden changes as last year. During the early part of the month a great many aged persons succumbed, but this is usual at this season of the year.—SCRIBE.

BUCHU IN CATARRH OF THE BLADDER.—Catarrh of the bladder is of frequent occurrence, and in simple cases characterized by frequent urination, pain in the bladder if urine is retained long, urine nearly normal in color, with or without mucus through it, and with more or less burning, especially along the urethra, I have found Buchu to give relief more quickly than Acon., Canth., or any of the remedies commonly used for that trouble. I have given it also with very happy effect, in two or three cases, during the passage of calculi from the kidney through the ureter. It seemed to terminate the pain and hasten the passage of the obstructing body. I have also used it to advantage in inflammation of the kidney, with diminished secretion of urine, and dull aching pain in the back, over either or both kidneys. Recently I have met with a number of *Veratrum* diarrhoeas, as well as some *Tart. em.* cases. The impurity of the water, from the river being so long and deeply frozen over, probably had something to do with the prevalent diarrhoeas.—DR. JOHN E. JAMES.

I had a case of hemorrhage from the bladder or from the urethra, in which blood came running out of the urethra. Gave Phosphate of Iron, and there was no return.—DR. A. H. ASHTON.

CASE OF SCARLET FEVER AND RHUS TOX.—*March 10th, 1875.*—Julia B——, aged 9 years, was taken on 8th inst. with vomiting, followed in a few hours by the characteristic eruption. Was placed under the care of the family physician, a prominent one of the old school, remaining under his treatment two days, growing worse every hour.

Her pulse ranged from 140 to 148; respiration, 28 to 34 per minute, while her temperature was from 103 to 104.

He gave her opium pills three times a day. On the second day, her bowels being constipated, he ordered her small doses of calomel, probably half a grain, every fifteen minutes, till she took twelve; also had morphia injected into her arm once. A sister of hers, aged 12 years, four weeks previously died of scarlet fever in four days under the care of the same physician.

Julia exhibited symptoms similar to those of her sister, which were decidedly typhoid, so her parents requested their

physician to retire from the case that they might try homoeopathy. On the evening of the 10th inst. I found the following symptoms: Respiration, 34; pulse, 148; bowels moved twice to-day from the effects of calomel; eruption out quite well all over body, and upper part of limbs, of a dark-red color; skin very hot to the touch; temperature, 104; lies on her back, and is very weak; depressed mentally, with oppression of breathing; breathes deeply, and sighs at intervals; tongue red and dry down the centre and tip; at the tip papillae are elevated, in the shape of a triangle, with apex toward the root of the tongue; on either side of the centre of the tongue was observed a white-coated streak, while at the edges it is red. Throat red and inflamed, with exudation on the tonsils, not diphtheritic; thirsty, drinks two teaspoonfuls of water at a time, and often; restless; conjunctiva somewhat injected. Prescribed Arsen. 200, five doses to be given during the night; also gum-arabic water when thirsty; and instead of beef-juice, which she had been taking, Liebig's preparation of one ounce sugar of milk, three-quarters of a pint boiling water, added to three-quarters of a pint of cow's milk.

March 11th, 7 A.M.—Pulse, 144; respiration, 32; somewhat easier, having passed a more comfortable night than was expected; tongue symptoms better, more moist; eruption fully out over the body, hands, arms, limbs, and feet; bowels moved naturally; urinates freely; throbbing headache; gave three doses Bell. 2^m.

March 13th, P.M.—Very much prostrated; conjunctiva injected; delirious at times, although answers correctly; takes gum-arabic water; has drank one-fourth pint of sugar of milk preparation; took since beef-juice, which caused pain in stomach; is distressed, restless, thirsty; gave Ars. 200 every two hours. 4½ P.M. Pulse, 148; respiration, 34; greatly prostrated, seems to be sinking away; abdominal respiration, sighing at times; restless; eyes very much injected; papillae on tongue very red; tongue very dry; symptoms decidedly typhoid; eruption fiery red and mottled; Rhus tox. 10^m. Fincke, in water every hour.

At 6½ P.M., met Dr. Lippe in consultation; pulse 144. She had taken doses of Rhus tox. 10^m; found her a little improved, so we decided to continue the remedy every two hours till midnight, when I found her comfortable and slightly improved. Pulse, 140; gave Sac. lac. till morning.

March 12th.—Was called at 4 A.M., to prescribe for pain in

stomach caused by juice taken in the evening. I ordered her to be given as much of sugar of milk preparation as she would take, to dilute the undigested beef-juice. If not relieved by this, a teaspoonful of lime-water with more milk as soon as she would take it. I did not wish to give another remedy, as it might interfere with the Rhus, which was acting nicely. At 7 A.M., still prostrated; pulse, 136; voided half pint urine; eruption at its height; has passed most restless night yet. No worse; gave one dose Rhus tox. 10^m, and another at 2 P.M. 4½ P.M. Better excepting pain from food taken. 7 P.M. Prostration not so great; pulse, 128. Sac lac.

March 13th, 9 A.M.—Pulse, 128; had a restless night; voided over half pint urine, dark-red in color, strong odor; eruption fading gradually; pulse in evening, 112. Sac lac.

March 14th, 10 A.M.—Pulse, 104; rested well; asks for food; took during the day some beef-juice, tomato-juice, milk, and gum-arabic water. Pulse in evening, 100. Sac lac.

March 15th, 10 A.M.—Very much better; talks and laughs; when weary throws herself about; wants more nourishment. Pulse, 104. Sac lac.

March 16th.—Ate two oranges, one banana, and drank some lemonade, beside solid food. Pulse, 104; much better.

March 17th.—Complained of earache. On examining it with reflector, I found the drum congested. Bell. 2d, three doses.

In the evening I found greater prostration than for several days, with typhoid symptoms reappearing. Pulse, 108. Rhus tox. 10^m, three doses.

March 18th.—Much better again. Pulse, 104.

March 20th.—Corners of her mouth have been sore all through her illness. Tongue for three days has had yellow superficial ulcers on it; some salivation, particularly when sleeping, probably caused by twelve doses of calomel taken on 11th inst. Nitric acid every three hours, four doses.

March 21st.—Much better; sits up in bed; cuts paper dolls; colors pictures in magazine.

Salivation and ulcers on tongue and corners of mouth disappearing. Convalescent.—DR. M. M. WALKER.

STARVATION FROM PARALYSIS OF SMALL INTESTINES.—The patient, a young lady, dark hair and sallow complexion, thin and wasted form. Has been attended by an allopathic physician. Has had what her attendant pronounced hysteria for years. In the early history of this attack she was un-

conscious a long time, with hysteric convulsions. She was first treated for hip disease of left hip-joint, with extension for months; then for eighteen months afterward had paralysis of that limb; was wakeful for months. No sleep except after being rubbed with alcohol. Had paralyzed condition of the bladder for months, with great constipation. Commenced menstruating about fourteen years of age; now has had only two changes in two years. Has tenderness to pressure over the uterus and left ovary, and ascending colon and transverse and descending colon; tenderness in the epigastric region; vomiting of food; pain and distress in stomach before vomiting; tongue not much coated; no pain or soreness in hepatic region; tender over the spleen. No cough or pulmonary disturbance.

Present State of the Patient.—No food stays on the stomach at all; vomits or gags and raises white mucus, sometimes mixed with bile. Has felt for two years that drinks and food seemed to stop at about the junction of the umbilical, iliac, and hypogastric regions, in the corner or angle that they would form. No swelling anywhere over the abdomen; flat and greatly wasted; general emaciation of the body; jaundiced eyes and skin. Constant retching, and contortions (not convulsions) of the body and hands. Is perfectly rational. Is in constant pain for the last three days; cannot sleep; hands red and cold, and feet cold for weeks. The least touch over the liver or left side of the abdomen now causes a sudden shrinking, from the pain and extreme sensitiveness. Tongue dry and parched, and feels sore and ulcerated to her; cannot use the champagne to drink any more, because it smarts and stings the tongue now. For weeks past she has been able to swallow only champagne in mouthful doses, and then it would be thrown up again in a few minutes, often coming immediately back. Has been nourished per rectum for months.

Diagnosis.—Stricture of the small intestine below duodenum. At first came on probably from paralysis of the part, and the paralysis increased along the intestine until the duodenum and stomach became involved. Rectum not yet involved. Prognosis: Will prove fatal from starvation very shortly.

Query.—Would transfusion do any good? I think not, as it is but a temporary remedy for great loss of blood, and seems useless in other cases. How can nutriment be put into and retained in the system in sufficient quantity to maintain life?

Cod-liver oil and alcohol mixed, and the whole body bathed with it, has been suggested, but cannot well be applied in this case.—SCRIBE.

A RESPONSE TO DR. McCLATCHEY.—Last month brought forth what purports to be an answer to the few remarks, entitled “Reporting Diseases,” read at a previous meeting of the Society. Although the paper contains some wholesome truth and useful suggestions, still it does not in reality assume the character of a “reply,” if answer is to be understood thereby.

The position taken in the original has not been assailed, though the flagellation, as it facetiously has been styled, evidently took some effect, as the tenor of the reply bears witness. The point of fault was reports of *disease* by *name*, without giving symptoms. This objection is sustained rather than controverted by the reply. The use of the “name” as a title, or as an index assistant, cannot be objected to; in fact being of great convenience, it ought to be retained, and in this use we also have the sanction of Hahnemann; but the name being usually non-descriptive, and in all cases as regards treatment non-indicative of the remedy, the continued use of the title of the disease alone in reporting cases, either individually or collectively, cannot be too strongly deprecated. The only ground on which to base a prescription scientifically is that of the totality of symptoms; without this we are at sea, yea, as it were, without rudder or compass.

The respondent admitting “that no more instructive and valuable reading can be found than that which sets down, even under the ordinary pathological names of special forms of disorder, the *characteristic symptoms* of the remedy corresponding to those of the sick, and by which those sick persons were healed,” and “no more unfruitful mode of teaching could be imagined than that in which are detailed the local objective to the exclusion of the constitutional and subjective symptoms of particular forms of sickness,” his opposition to a paper calling for totality certainly appears quite paradoxical. If the opposition is based on the idea that the examples of individualities of the few remedies alluded to in the paper were given as totalities, then he has some ground; but as they were given as comparative throat symptoms of four remedies by way of illustration only, it seems unfair to put such construction on them. These were written to give evidence that distinctive features are found as characteristics of each remedy; not that the remedy cannot and will not cure where these particular

ones are not well marked, nor that some other characteristics may not be equally as indicative of the remedy. Let us look for a few moments at the cases cited in the reply, in order to discover what they do teach. Case 1. Diphtheria; quoted no doubt in order to prove the inutility of the Merc. bin. iod. symptoms given in the first paper. The case seems well adapted to throw doubt on the reliability of those symptoms, and it is well arranged to strengthen this doubt. Yet what have we when the case is analyzed? We have a diphtheritic case occurring during the past season, as the Doctor tells me, with not a single characteristic symptom of any remedy. What can such a case teach against the use of any remedy? Must it not rather bring us to the conviction that some other method of obtaining a totality must be had besides the individual, if characteristics are necessary?

This last is what it does really teach. This other method is referred to by Hahnemann in his *Organon*, where clear, concise, and true instruction may be found as to how the method is to be applied. In section 100, etc., p. 148, etc., treating on the "Investigation of Epidemic Diseases," Hahnemann says, "With regard to a search after the totality of the symptoms in epidemic and sporadic diseases, it is wholly indifferent whether anything similar ever existed before in the world or not, under any name whatever." "In fact we ought to regard the pure image of each prevailing disease as a thing that is new and unknown, and study the same from its foundation if we would really exercise the art of healing." Again: "It may happen that a physician, who, for the first time treats a person attacked with an epidemic disease, will not immediately discover the perfect image of the affection, because a knowledge of the totality of the signs and symptoms in these collective maladies is not acquired till after having observed several cases." In section 103 we are told that miasmatic and chronic diseases are to be investigated in the same manner. In this manner we find the epidemic or endemic remedy, and when a non-characteristic case presents itself, this remedy, corresponding as it does to the true genius of the disease, will tend greatly toward the cure. This method, recommended by Hahnemann and followed by many of his followers, has received the sanction of those who are known as most keen observers in medicine.

The utility of the characteristics, as illustrated by Case II, only reminds us of another wise observation of Hahnemann's,

recorded in section 153: "In searching after a homœopathic specific remedy—that is to say, in making a comparison of the entire symptoms of the natural disease with those produced by known remedies, in order to discover among the latter an artificial morbid power resembling the natural disease that is to be cured—we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic); *for it is to these latter that similar symptoms, from among those created by medicine, ought to correspond* in order to constitute it the remedy most suitable to the case. On the other hand, the more vague and general symptoms, such as loss of appetite, headache, weakness, disturbed sleep, uncomfortableness, etc., merit little attention, because almost all disease and medicines produce something of such general nature." The perusal of this paragraph forcibly impresses us with the conviction that the respondent must have written in forgetfulness when he made his pen to say: "Since the time of Hahnemann great advance has been made in the science and art of homœopathy, and this is shown in that very principle of the characteristics." As though characteristics were of origin more recent than Hahnemann! Why, even the characteristic symptom of Alumina, which was quoted in Case II, was given in spread letters in the chronic diseases. Many symptoms have been established as characteristic since the time of Hahnemann; still to Hahnemann belongs the honor of first showing their usefulness. Indeed, he taught the absolute need of such, as seen in the above quotation. In conclusion it may be remarked, that while any attempt in this or former article at mere faultfinding, for the sake of controversy, is disclaimed, it may still be allowable to assert, that without individualization of both patient's condition and remedy, correct generalization cannot be attained, and that such report of diseases without individualization is both unscientific and retrogressive, as well as un-Hahnemannian and un-homœopathic.—DR. A. KORNDORFER.

SCHIEFFER'S PEPSIN IN INDIGESTION.—In indigestion and deranged condition of the stomach from injudicious diet, during progress of other disease, I use with great benefit Schieffer's saccharated pepsin (pepsin triturated with sugar of milk). We can often save needless medication by giving some such medicinal article or physiological function remedy, good for worn-out cases. Children without appetite are often bene-

fitted in same way. Can get it in sugar of milk form dry. It comes from the stomach of the pig by maceration. Triturated in proportion of 1 to 48. Imitated by druggists a great deal now. In the prevailing attacks of diarrhœa I have found a great many cases to correspond with Tartar Emetic.—DR. A. KORNDORFER.

URTICA URENS MARINE.—*A Case of Poisoning attributed to a decoction of "Urtica Urens Marine" (Sea Nettle).*—Dr. FIARD made the following report to the Royal Academy of Medicine, Paris: A woman 38 years old, the mother of twelve children, affected with a disease of the stomach, and leucorrhœa, took by the advice of a somnambulist two cupfuls of a decoction of Urtica Marine warm. She experienced the following symptoms: Pricking heat, numbness, and burning of the skin of the face, arms, shoulders, and breast; eyes puffed and œdematous, also the lips, nose, and ears; vesicular eruption of the skin. These symptoms increased for five days; her speech became difficult, with extreme anxiety. On the fifth day the most of the symptoms disappeared, and desquamation took place.

Two remarkable circumstances occurred in this case. 1st. That the secretion of urine, which had been suspended during twelve days, returned only after having employed some powerful diuretics.

2d. The secretion of milk was re-established in this woman's breasts three years after the birth of her last child, although she had twelve children without having suckled any of them, no milk having been secreted.—DR. J. G. HOUARD. (Translation.)

DECEPTIVE CASES.—I recall a case that died from cancer of the pyloric orifice of the stomach. No pain under liver, and cancer could not be felt during life.—DR. J. G. HOUARD.

RHUS TOX. IN SCARLATINA.—Rhus tox. has the pains about the limbs and joints in Scarlatina cases more than Bell. Typhoid cases with scarlatina require Rhus.

FOR BURNS.—For burns the Phenol Sodique relieves pain quickly, and promotes granulation, and heals up the burn rapidly.—DR. J. G. HOUARD.

SCHIEFFER'S PEPSIN *et al.*—I indorse Scheffer's Pepsin, both the dry and in emulsion, and use it a great deal. The Liebig preparation was recommended before Liebig took it up, by Henry Turner, father of the present Henry Turner, of London, in the *British Journal of Homœopathy*. Liebig

gets the credit, but Turner, who was a good chemist, really brought out the sugar of milk as an addition to cow's milk, as food for infants. This is not an uncommon occurrence. Dr. Francis Sims's uvula scissors are credited to another surgeon (an allopath), with a more popular name, and the instrument is not known as Sims's, except to a few homeopathists.

Dr. Macfarlan uses Persulphate of Iron (Monsel's salt), run up, for hemorrhages, with good effect, as he tells me. I have had five cases of periproctitis within a very short time. I find *Jatropha* correspond precisely with some cases of the present diarrhœa.—DR. R. J. McCLATCHEY.

JACOBI'S AND OTHER INFANTILE FOOD.—In the January number of the *Hahnemannian*, I see in your Notabilia an invitation to communicate to you anything of interest; therefore I will write to briefly criticize Dr. Jacobi on infant diet, although the allopathic specialist shows large experience and much shrewd observation of the "enfant terrible."

First, about "*watering*" babies (if I may be allowed the expression). Infants need water to drink quite as frequently as adults. A violent and apparently causeless paroxysm of infantile grief, I have often seen fully assuaged by a teaspoonful of cold water.

For the first month or two let a baby have a teaspoonful every morning, later two or three times a day, and it will soon learn the appearance of the glass and spoon, and make any want of the useful protoxide speedily manifest.

In this (you see) I cordially indorse Professor Jacobi, nor would I speak of it, save that a vast deal of ignorance and neglect upon this point exist among mothers and nurses generally, and it is a point, together with daily tepid water-baths, upon which I strenuously insist, and have never seen aught but good as a result.

BUT NEVER GIVE A BABY ONE DROP OF ANY SPIRITUOUS BEVERAGE, or ale, or cider, or tea or coffee, unless it be ordered by a competent medical attendant. Alcohol is a pure exciting stimulant, not a nourishing stimulant. When given to children it tends to produce weakness of the vital forces by *overaction*, and promotes directly indigestion, palpitation of the heart, and convulsions. A strong general objection to stimulants for children (especially infants) is that the system becomes habituated to their use during youth; in old age (their true sphere of usefulness) they fail, whereas if new to the system they often act like magic. No one should, ordi-

narily speaking, drink even tea or coffee habitually before fifteen years of age. After twenty years of rough and tumble in life, a most benign effect will often be observed by the daily use of a small quantity of stimulant, be it tea, coffee, or wine. Alcohol we must oppose as anything save a medicine carefully prescribed by an M.D.

Second, if food turns sour don't be so parsimonious as to "add a small pinch of baking soda," and thus drug the child without the slightest reason. Make some fresh. We have traced more than one case of chronic dyspepsia to a constant use of "a small pinch of baking soda" (and by the way, *Natr. carb. high* has served me well in many such cases). To beef tea, allow me to add mutton broth thickened with barley, powdered. It is invaluable in almost all bowel affections, and when digestion is weak. We have also corroborated the experience of that noble Hahnemannian, Carroll Dunham, M.D., that mutton broth is more desirable than beef tea in *heart affections*.

These few observations I have offered as the result of my practice, study, and conference with a large number of the most prominent men in our school, gathered up from time to time.—DR. C. M. CONANT, Cornwall-on-Hudson, N. Y.

NOTES ON BLACK URINE.—I recently had a case of black urine in a scarlatina patient, and the symptoms called for Hellebore and I used it with relief.—DR. M. M. WALKER.

For black urine, especially after scarlatina, *Colechicum*, *Nat. mur.* and *Lachesis*, are worthy of consideration. They all have the symptom.—DR. A. KÖRNDORFER.

Among the new remedies having dark urine, may be mentioned, *Æsculus hip.*, high-colored; *Erigeron*, dark urine turning pale.

Lithium has dark, reddish-brown deposit, scanty, dark, acrid urine.

Puls. nat. has dark brown urine, sediment of urate of ammonia; while *Cannabis ind.* has the opposite condition, colorless urine, but the flow is profuse.—SCRIBE.

AMERICAN INSTITUTE MEETING.—Members of bureaus, and other members of the Institute, will please be on hand at the Beebe House, Put-in Bay Island, on June 15th. There is every promise of an unusually fine meeting in every respect.

CORRESPONDENCE.

To the Editor of the Hahnemannian Monthly.

DEAR DOCTOR: In the January (1875) number of the above Journal you seem to harshly criticize the doings of the St. Louis Hahnemann Medical College of Missouri, which to us appears unkind.

It is generally considered that no one is duly qualified to fill the place of an impartial judge in any case till made fully conversant with the facts on both sides.

We do not wish to question the motives of any one, but if accorded a fair and *square* hearing on the merits of the case, before a competent tribunal of peers governed by the plain rules of evidence and common sense, we will have no cause for complaint.

In your editorial you refer to parties whom you style stanch veteran homœopaths, not being connected with the Hahnemann College, as a principal reason for your apparent dissatisfaction with us. But when it is known that they are interested parties connected with rival colleges, that circumstance will not seem so very strange, and there need be no surprise that we meet opposition from that quarter.

We think we should be exempt from unfair criticisms, if for no other reasons, at least from the fact that we profess and teach the true principles and practice of pure homœopathy, as laid down and promulgated by Hahnemann, Hering, Guernsey, Lippe, Jahr, and others eminent in the profession. From the beginning we anticipated the difficulties and opposition to be encountered in our attempt to establish an institution of this character in Missouri, with the risk of being misunderstood, criticized, and misrepresented to the profession. It was, however, our intention to use all honorable means to make the Hahnemann College a success, and our prospects seem good from the facts of the favorable notices it has elicited, the many influential friends it has secured in the profession, and our determination to make it an institution where students can procure a first-class education.

It has graduated some of the best educated homœopathic physicians in the country; men who will bring no discredit on the profession by giving allopathic practice the preference in any case, nor be guilty of prescribing in massive doses calomel, opium, quinine, Dover's powders, egg-nogg, baptisia, etc., in the name of homœopathy, which every one knows to be the daily practice with many assuming to stand high in a profession they thus dishonor. With such facts before us, is it any wonder allopathic colleges ignore our practice, the teachings of the best conducted homœopathic colleges, hold them up to ridicule, and *taunt* us with surreptitiously using their mode of practice? a soft impeachment that cannot be successfully denied.

Homœopathy, it is true, may receive injury by the mistakes of its friends, but be damaged infinitely more by the folly of pretended admirers, who appreciate it only for the reputation and money they hope to make out of it.

We have no personal knowledge of Dr. Robert Faulkner, only that he was highly recommended to us by a mutual friend, Dr. A. Murry; we presume he is a perfect gentleman. He is, however, much mistaken if he thinks we *can* sell diplomas to any one not duly qualified to receive them.

Very respectfully,
ALPHA.

[The editor of the *Hahnemannian Monthly* is not in any way under the influence of any college or any clique, and his criticism of the above-mentioned St. Louis institution was not dictated by any other motive than an interest in the welfare and the good name of Homœopathy. It was based on documentary evidence issued under the name and seal of the institution criticized,—*not* criticized for its doctrines or its teachings, but for its very evident looseness in the matter of granting diplomas. When reference was made to the “staunch homœopaths,” we had no knowledge of the existence of any other homœopathic college in St. Louis than the one under notice, and the names of the two gentlemen were mentioned to *at once* notify the profession that they were not connected with what was supposed to be the only institution of the kind in that city. *Alpha* may think the criticism *unkind*, but it was not undeserved, and the *petitio principii* character of his reply proves that it was not.—EDITOR H. M.]

PUBLICATIONS RECEIVED.

ANALYTICAL THERAPEUTICS, by C. Hering, M.D. “*Some prescriptions of rare and proved effects.*” Volume I. Boericke & Tafel, New York and Philadelphia, 1875, pp. 352.

Some time ago we had occasion to notice the first volume of Dr. Hering's work on *Materia Medica*. Since the advent of Allen's scheme for an *Encyclopedia of Materia Medica*, Dr. Hering has laid aside his direct *Materia Medica* work, and has devoted his time, his great talents, and his marvellous resources to the production of a work on “*Therapeutics*,” which is, after all, to him, the same work done in a different manner. Whatever work Dr. Hering does for the homœopathic school is sure to be done well, and there is no sparing of labor to make it perfect. Hence, whatever he does is worthy the attention of all. His *Analytical Therapeutics*, vol. i, is a work which, we have no doubt, will be rapidly bought up by the profession, as there are but few but will be eager to be possessed of an epitome of the wisdom, learning, skill, and experience of such a time-long and time-honored practitioner, and the collated wisdom and experience of the whole profession. But as a matter of fairness to our readers, to the author, and to the enterprising publishers, we hasten to present our review of the work.

The nature of the work is very thoroughly set forth in the Introduction. From this we learn that the object sought by the author in the compilation was “to collect and unite in one book the facts developed by our school from our provings, through practice.” This, he remarks, “has been done without excluding, through arbitrary notions, any useful remarks from trustworthy observers.” Regarding the class of symptoms received, the author remarks, “Being well aware that these two kinds of symptoms, viz., those produced and those cured are essentially different, we still have, after long and mature consideration, decided to give both without marks of distinction.” This will, no doubt, be of great advantage to the busy practitioner, for, with the sanction of Dr. Hering, every symptom embraced may be looked upon as vouched for; thus removing much of the doubt which naturally will be felt by one not acquainted with the authorities vouching for the authenticity of many symptoms reported as belonging to our *Materia Medica*. From the intimate acquaintance with all the peculiarities of our remedies which Dr.

Hering is known to possess, such selection of cured symptoms may be safely intrusted to his care. We feel that every symptom has passed a most critical ordeal before it could gain admission.

Regarding the arrangement, it must be accorded that it is the most comprehensive of any yet in use. A place for everything and everything in its place seems to have been the motto intended for this part of the Analytical Therapeutics. "The intention being to enable the practitioner to review the whole subject at a glance as it were, and with rapidity find the curative medicine," care has been taken to make the arrangement according to a natural system which will make it "as easy as possible for the eye, and through the eye for the mind to find what is looked for." Those who have studied the few monographs of remedies published during the past years by Dr. Hering, will have some idea as regards the arrangement adopted in the present work, of which this is but the first volume.

The headings throughout are either organs or parts of the body, general symptoms, altered functions, sensations, leading modalities, groups of symptoms, or names of diseases, and thus will be afforded through bold headings ready reference to any such leading condition. With each such paragraph, a marginal list is placed, containing the names of remedies known to deserve remembrance with regard to the symptom under which it is found. "Distinguishing marks are placed to the remedies, indicative of their value or importance in relation to the subject embraced in the heading." The parts of the body are very fully represented. "In this department there are many additions not easily found in the common repertories, for instance, ear-lobe, throat-pit, cœcal region, os coccygis, thumb, etc. Such localities are in some cases very significant, and frequently may decide the choice."

A very useful improvement in this over all other works of repertorial nature, is the constant individualization of the conditions. In most of the former works aggravating and ameliorating circumstances were given in general terms, not stating the specific symptom affected. This fault has been avoided by the author. The need for such specification is made manifest when we look at symptoms like "aggravation after shaving." This is one of the combined and, of course, most important conditions, observed by Adams, a prover of *Carbo animalis*; a hyperæsthesia of the nerves of the skin on the cheeks, around the mouth, and on the chin. This aggravation led a friend of Bönninghausen to give *Carbo an.* to a consumptive patient, with the most decided and lasting effect, *for a disagreeable smoothness of the teeth, worse every time he shaved.* But this does not give us the right to generalize it into "worse after shaving." Both of these different symptoms are within the sphere of the so-called fifth pair of nerves or trigeminus. So also with such conditions as "getting worse in the dark." In repertories like Bönninghausen's, no mention is made of what is aggravated, and *we*, therefore, are left in the dark, instead of being enlightened, by such obscure paragraphs. Then again, we will in this work be spared such transpositions of lists of remedies for such conditions as "getting better in the light" from "getting worse in the dark." Such expressions are not synonymous, and therefore the list for one is not likely to be correct for the other. Errors of this nature we feel confident will never find room in this work. Dr. Hering very truly remarks, in relation to "getting worse in the dark:" "Here the cause may be either mental, as from fear, or the eyes may want light." "The modalities are not convertible from one part or function to another in every case, though in many they may correspond. This fact may be illustrated by the *Stramonium*, which has a very remarkable desire for bright

light, and symptoms of the mind and body better in the light; yet it has just the reverse with the eye symptoms, which are worse from either natural or artificial light."

From this we see the great need in which the profession stands of a reliable work in which these distinctions are carefully made and fully carried out. For careful discriminations of this kind we may safely affirm that no living physician is more fitted, or possessed of more ample means for the truthful verification of any and all conditions to be incorporated in such a work, than Dr. Hering.

Another marked difference between this work and all others is the "entire abolishment of the alphabetical arrangement." This is a step in the right direction, yet, as an initial step, it will no doubt meet with opposition, as at first sight it would appear to render search more difficult. Yet when we take into consideration the fact that frequently the various words used by different observers to indicate the same or nearly identical sensations or conditions must be sought for under different letters of the alphabet, requiring hours when minutes should suffice, objection is greatly weakened. And even this trouble and waste of time are not the worst features; for through an inability to obtain all the synonymous terms for a given condition, or owing to failure to think of all synonyms for a particular word used by another author, many searches will be given up as waste of time, probably faulty prescriptions made, resulting in failure, which reverts against both homœopathy and the practitioner. This effort to facilitate thorough search should be hailed with pleasure as a marked step toward improvement.

The nomenclature of drugs adopted by the author is, with but few exceptions, in conformity with that adopted by the Institute in 1869. Where the author has made changes, he has given what appear to be good reasons for so doing.

One very noticeable and excellent feature in the work is the great care taken to prevent mistakes occurring through the necessary abbreviations of the names of medicines. This was a much-needed reform, as most of the repertories now published contain many mistakes of this nature. Dr. Hering, in order to avoid all risks of such errors, has given to each abbreviation at least two syllables of the word; and in such cases where even that plan would not insure against errors, the name of the medicine is printed in full.

Thus much for the general nature of the work. Now let us look at the arrangement adopted for the whole work, as exemplified in the present volume. We find that forty-eight chapters are to constitute the entire Analytical Therapeutics. These will be divided as follows: 1. Mind and Disposition; 2. Sensorium; 3. Headache and Affections of the Inner Head; 4. External Head; 5. Sight and Eyes; 6. Hearing and Ears; 7. Smell and Nose; 8. Face; 9. Lower part of the Face; 10. Teeth and Gums; 11. Taste, Talk, and Tongue; 12. Inner mouth; 13. Palate and Throat; 14. Desire for Food and Drink; 15. Before, During, and After Eating and Drinking; 16. Gastric Symptoms; 17. Epigastric Region; 18. Hypochondriac Region; 19. Abdomen; 20. Rectum and Anus; 21. Urinary Organs; 22. Male Functions and Organs; 23. Female Organs; 24. Pregnancy and Parturition; 25. Larynx; 26. Respiration; 27. Cough; 28. Inner Chest and Lungs; 29. Heart and Circulation; 30. Outer Chest; 31. Neck and Back; 32. Upper Limbs; 33. Lower Limbs; 34. All the Limbs; 35. Rest, Position, Motion; 36. Nerves; 37. Sleep; 38. Times of Day; 39. Relations to Warmth, Air, Water, Wind and Weather, Seasons; 40. Fever; 41. Changes according to Time; 42. Relation to Space, Changes according to Space; 43. Sensations Classified. Here we have a

classification of sensations differing materially from anything before attempted in this direction. That it requires study in order to appreciate it need scarcely be said; for what system could be adopted for a scientific arrangement of the manifold sensations to which the human body is susceptible, that would not require much study? The author says, "That all the different sensations may be brought into a comprehensible order, the general rule for functions may be applied, as all abnormal sensations are the result of some one or more functions developed either into greater activity, or depressed and rendered less active or perverted; that is to say, changed from normal action not only in quantity and quality, but also in kind. The morbid increase or exaggeration of functional activity forms our *first* class; its opposite decreased functional activity, the *seventh* (our last) class. The large number of sensations remaining between these two extremes we again subdivide, separating all such as are fixed as regards place, *i. e.*, without motion, *second* class, from those which are apparently moving. Again, from among those sensations which convey to the mind some more or less clear idea of motion, we separate all such in which the perception is as of a destructive action, or, in other words, sensations as if the integrity of the tissues would be or had been injuriously affected; these form the *sixth* class. The remaining sensations apparently moving are subdivided into three classes: 1. Steady motion, *third* class; 2. Such as have relation to space, *i. e.*, have motion inward, outward, upward, or downward, *fourth* class; 3. Such as have a relation to time, *i. e.*, where distinct repetitions, either pulsating, wavering, or oscillating, are perceived, these form the *fifth* class. To this is appended a concise schema, followed by a very extended list of sensations arranged in conformity thereto, followed by conditions and concomitants of pain. 44. Tissues; 45. Passive Motions and Touch; 46. Skin; 47. Stages of Life, Constitutions, Diatheses, Dyscrasias; 48. Relationship with other Drugs. These forty-eight chapters constitute the entire work; but we must bear in mind that under each general heading the symptoms again follow the same schema. Having once mastered this plan, on which the whole is constructed, we know how each chapter is arranged, and in each chapter the symptoms in relation to each general heading. In the volume now before us we find Chapter I, Mind and Disposition, containing, 1. Ailments from Emotions and Exertions of the Mind; 2. Mental concomitants of Bodily Symptoms. This part of the subject is treated in an exhaustive manner. It is safe to say that here can be found an accumulation of useful matter relating to mental and bodily concomitant conditions never before brought into so compact or so comprehensive a form. If the coming forty-seven chapters will give us some half-dozen similar volumes, we can only say, no library will be considered complete without them; while, in fact, they will of themselves constitute a most valuable and complete therapeutic library.

The work is almost a model of typographical excellence, notwithstanding some errors. But the printer (or the author) has made a mistake in selecting a long and thin-faced letter to head the various sections. Of course it was done to make the headings plain and striking to the eye of the reader, but such letters are very trying, and not near so clear as short and thick-faced letters would be. The book is printed on fine white paper of the best quality, and the binding is neat and substantial. In fact the publishers, in this work, have added to their well-earned reputation for presenting the profession with *handsome* books at a comparatively low price.

On sale by Boericke & Tafel at any of their establishments, and by all homœopathic pharmacutists and booksellers.

THE HAHNEMANNIAN MONTHLY.

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No. II.

NOTABILIA TO MATERIA MEDICA.

FERRUM AND ITS RELATIONS TO OTHER REMEDIES.

BY S. LILIENTHAL, M.D.

(Read before the Hahnemann Academy of Medicine.)

AT the social meetings of the physicians in Berlin, Prussia, it is the custom to discuss *Materia Medica*. We extract the following samples of these discussions from Hirschel's *Klinik*, and will follow with some remarks of our own :

Zwingenberg gives physiological observations on *Anacardium*. A young lady suffering from toothache with tearing pains, hung the nut from her neck, so that it rested on her bare breast, in consequence of which she got a severe eczema on chest and neck, intense redness of the skin, with small vesicles and unbearable itching. About a year afterwards a gentleman wished to be quickly cured of an acute eczema of the face and neck, with intense redness, formation of vesicles, and considerable itching. *Anacardium* removed it in three days.

Deventer recommends *Anacardium* for subsultus tendinum and rheumatic affections of the pericardium. (Ditman uses it for alcoholismus. A robust fellow had delirium tremens twice, treated allopathically ; two weeks after the second attack he still suffered from great restlessness, sleeplessness, and heard a voice foretelling his approaching death. Nux, Bell., Stram., did nothing. *Anacardium*⁶, three drops every three hours, brought more quiet, followed by an aggravation ; he then received *Anacardium*³⁰, which cured him entirely.—*Russian hom. Clinic.*)

Allen, in his *Encyclopedia*, gives as symptoms 197-205: Tearing in all the teeth, returning at intervals; toothache upon taking something warm in the mouth; the teeth feel longer at night, when in bed, accompanied by a pressive pain; tensile and drawing pain in a hollow molar tooth, extending to the ear. Symptoms 565-580: Extremely disagreeable itching, forcing him to scratch (from wearing the nut); fearful itching in the swollen parts; pimples with red areolæ. 380: Sharp stitches in the præcordial region, extending thence to the small of the back; short stitches piercing through and through the heart, succeeding each other two by two. 423: Cramplike twitches all over the forearm, unaffected by motion and at night, in bed; twitches in the flexor tendons of the wrist. 1 and 5: Illusions of the fancy; imagines he hears his name called, accompanied by an apprehension of misfortune and anxiety; melancholy illusion; he imagines a bier is in the side room, on which either himself or his friend is lying.

Dr. Sorge reports the following case: A merchant, holding a baptismal celebration in his house, exposed himself several times to a draft, and although usually free from all headache, complained on the following day of severe headache, tearing in the extremities, and stitches all over the skin; tongue coated, great thirst, no appetite, no fever, and pulse normal; Bryonia².

September 30th. Tearing in extremities gone, but headache unbearable; from the temples to the nucha by day and by night a steady severe boring pain inside, sometimes increased by stitches on vertex, and neither motion nor rest, neither cold moist applications, embrocations, nor mesmerism brought any relief. Temporal region and nucha not very sensitive to pressure; no heat in the head. In order to act on the trigeminus he took *Aconite*², three drops every two hours, but without any benefit.

October 2d. Forehead free from pain and cool to the touch; the pains in other parts *hammering*, boring, beginning mostly in the left temple, with the sensation of *expansion of the blood-vessels in the temples*. The patient passed several sleepless nights on account of the pain, took only some Selters, but felt neither tired nor weak, but despairing on account of the severity and long duration of the pain. The symptoms in italics are characteristic of *Ferrum acetieum solutum*, which he took in the same manner. Improvement set in immediately,

and after four days he only complained of some pressure in the temples and some uneasiness in the neck ; after a few days even this passed over, and he had no headache since.

What is the physiological action of iron, Sorge asks, and refers to a proving published in Bernhard and Loeffler's *Zeitschrift*. Six men proved the *Liquor ferri acetici* Rademacheri, in doses of 1-30 drops, several times daily during four weeks. Before the proving was begun, a small venesection was made, and the blood examined, and the same was also done after the proving. The constant result of this experiment was that the watery constituents of the blood had increased by the use of iron, and the solid parts decreased. All six provers felt a considerable increase of appetite, and felt at first stronger, more full, and more excitable ; one prover considered trifles of great importance ; after eight to fourteen days, relaxation and hebetude set in. The stomach felt sore in all the provers ; some suffered colicky pains, with the simultaneous sensation of bloatedness in the abdomen. Stool rather costive and hard ; five provers had tenesmus vesicæ with the small stools ; although the urine showed no difference in quantity or quality. Most provers felt dulness and fulness of the head ; one of them perceived every pulsation in his temples ; one prover prevented the gastric pains which came after taking the remedy by moving about. They all complained of oppression of the chest, with cough and expectoration of bloody mucus, also painful sensations in the larynx, hoarseness (one of the provers suffered from it for a week), but all symptoms passed off after discontinuing the proving.

In Willmar's *Toxicologie* we find a fatal poisoning of two large dogs by hypodermic injection of *Ferrum sulphuricum oxydulatum*. Petechial spots were found in the stomach of one of them, and blackish wrinkles in the rectum ; in the second, lividity of the mucous membrane of the stomach, but without spots or ulcers ; still the stomach and small intestines contained large quantities of black fluid blood ; the rugæ of the rectum were red.

In one prover epistaxis ameliorated the headache. Hahnemann also observed severe epistaxis and too copious menstruation after Iron. This symptom need not be explained by an altered quality of the blood, but by the specific action of Iron on the mucous membrane of the uterus ; for Hahnemann also observed glassy, albuminous leucorrhœa, thus coming from the uterus, with milky vaginal discharge.

The pulse became slower with all provers by from ten to twenty beats. Sorge, when practicing according to Rademacher, observed several times painfulness and swelling of the spleen after large doses of Iron.

We may conclude from these symptoms that Iron may be the specific remedy for chlorosis in some cases, as chlorosis is a complex of symptoms, which may be caused by different conditions, just as we find it in dropsy. Oligocythæmia, as taught by the school of Virchow, may depend on diseased states of the stomach, of the spleen (hypertrophy), of the uterus, etc., but Iron also shows specific relations to each of these organs.

Clotar Müller remarks, in an essay on chlorosis, that Iron suits especially those cases which appear with frequent but easy vomiting. Sorge often observed severe cardialgia in chlorosis, and found benefit from the 2d dilution of the *Tinctura ferri acetici Rademacheri*. He also used it with excellent benefit in two cases of excessive epistaxis; in one case of a boy suffering from it, the 2d dilution of the *Liquor ferri sesquichlorati*, internally given, stopped the nose-bleed, and the same remedy, continued at longer intervals, acted well on the measles and mitigated the severity of the cough. The second case happened also at night, in a girl at the acme of typhus abdominalis. Frequent hemorrhages in purpura indicate Iron and not Phosphorus. During the first five years of his practice he cured many cases of pneumonia, corresponding to the existing genus epidemicus. He also cured many cases of acute articular rheumatism, with great swelling of the joints, where other remedies failed, with the 1st dilution of *Liquor ferri acetici*. In heart diseases, Ferrum is only indicated for the relaxation of the cardiac muscles in chlorosis, and for the consequent dilatation of the right ventricle. The proposal of Niemeyer for the production of hypertrophy of the right heart in order to compensate for the insufficiency of the mitralis, is erroneous.

Iron is closely related to the shoulder-joint, and rheumatism of this joint has been frequently cured with small doses of *Tinc. fer. acet.* Phosph. also cures painfulness in the surroundings of the shoulder-joint, with sensation of lameness and weakness in the arm, but in Iron the *caput articuli* is painful, which is not the case in Phosph. A rheumatism of the joint forming the *capitulum radii* with the humerus was also cured by Iron; also several cases of ischias, with painful-

ness of the nerves to pressure. Kafka also mentions pains during coitus, in a woman, cured by Ferrum. So far Ferrum has not been used for painful gonorrhœa, although the symptoms point directly towards it. Schnappouf touches condylomata acuminata with liquor ferri acetici.

Windelland especially recommends Ferrum citricum in cases where iron in allopathic doses failed to relieve chlorosis, because large doses prevent absorption, and cannot be shown in the urine, whereas small doses show iron in it.

Gronier (*Homœoclerique*, i, p. 699) extracts the following from Espanet's *Mat. Med.*, p. 391: Iron shows an elective affinity for the ganglionic nervous system, but this may be divided into primary and secondary action. When given to healthy persons, we find at first irritation, orgasmus, activity of the circulatory and nutritive systems, plastic exuberance, congestion, hemorrhagic molimina, followed by nervousness, weakness, engorgement of some organs, dyspepsia, impoverishment of the blood and of the humors; in fact a characteristic cachexia. (This again proves the correctness of Dr. Hale's idea, that the high dilutions are homœopathic to the primary symptoms, and the lower and more material doses to the secondary or consecutive symptoms.—S. L.)

Teste (*Mat. Med.*, p. 607) also refers to this antagonism of the primary and secondary action of Ferrum when he says: If iron enjoys the property of remaking the altered blood, or of increasing, for the time being, in a healthy person, the relative amount of hæmatin, globulin, fibrin, etc., it is likewise true that, after a certain lapse of time, the same substance produces opposite results, namely, impoverishment, discoloration, and liquefaction of the sanguineous fluid. The *short-lasting sanguineous congestion is a primary effect*, whereas the secondary action is characterized by discoloration of the tissues, fulness of the veins, torpor of all the functions, dryness of the mucous membranes, mucous or purulent discharges, engorgement of the glands which are immediately connected with the circulatory apparatus, such as the spleen, liver; passive hemorrhages; inertia of the voluntary muscles, such as the bowels, uterus; and lastly, more or less obstinate nervous disorders, arising from a derangement of the sympathetic nerve rather than from a disordered condition of the cerebro-spinal axis.

To what species of chlorosis then is Ferrum homœopathic?

We read in Kafka's *Homœopathic Therapie*, ii, 694, that chlorosis must be distinguished from consecutive anæmia, and in genuine chlorosis we frequently find the patient well nourished and the subcutaneous adipose tissue in its normal state. Symptomatically it is characterized by a peculiar waxy, yellowish or greenish pallor of the face. The lips are nearly colorless and (as in common anæmia) the tongue often pale; weakness, nervousness, and palpitations exist, with somewhat lowered temperature of the body; ringing in the ears, lowness of spirits, and disturbed sleep are common; digestion is impaired, and a morbid appetite is sometimes present; neuralgia, affecting especially the abdominal parietes, or myalgia, may occur; menstruation is either absent, irregular, or painful; the urine is mostly pale and of light specific gravity; we find even in some cases polyuria or diabetes insipidus; stool is frequently retarded; intercurrent intestinal catarrhs always produce aggravation of the whole state, with increasing debility; the blood is found deficient in corpuscles (the number may diminish from 130 to 80, and even to 28), and contains an excess of fibrin.

Indications for Ferrum in chlorosis are, according to Kafka, *simple chlorosis in consequence of retarded puberty, or from other unknown causes*, just as China is only indicated in simple uncomplicated intermittents. He also recommends the first or second trituration, as even half-grain doses of the first trituration may cause dyspeptic symptoms in sensitive females. Complications must be removed by Nux, Pulsatilla, Baryta, Conium, Graphites, Plumbum, Natrum carb. or sulph., Sepia, Sulph., etc., *pro re nata*, and then may we finally expect benefit from a chalybeate treatment.

Wherever we find the primary symptoms of Ferrum, the higher and highest dilutions will come into play and benefit such diseased states; but as the sanguineous congestion of ferrum is only evanescent, as shown by such symptoms as "weakly persons with fiery red face," "the least emotion or exertion produces a red, flushed face," we must look for similar diseased states. Such active, sthenic, momentary congestion we find in the second stage of hæmoptysis tuberculosa, even when hæmoptysis is present; and we quote here again from Clotar Müller, who finds, in phthisis pulmonalis, Ferrum indicated just where the old school would strictly forbid it on account of its danger. The symptoms pointing to it are: Agitation and heat easily provoked by the least emotion or

exertion, palpitation, dyspnœa, cough, sudden flushes, epistaxis, hæmoptysis, nervous excitability but easily fatigued. Then again, in cachectic states, the higher potencies of iron often work well, and in advanced phthisis, with hectic and colliquation, they frequently bring relief.

In the so-called "nervous hypochondriasis" (hypochondriasis sine materia of the ancient pathologists) Iron in its higher potencies acts well, and we do not wonder, therefore, that *simple uncomplicated cardialgia* is put down as one of the characteristic hints in the treatment of chlorosis by Iron. The spasmodic asthma of Ferrum sets in with violent orgasm of the blood, oppression of the chest, with almost imperceptible movement of the chest in taking breath, and greatly dilated nostrils during an expiration; dyspnœa, particularly at night in bed, and relieved by uncovering or raising the trunk; but there is also a hypochondriasis from hypertrophy of the spleen, and we need not wonder that a metal which takes the hæmotosin from the blood and produces thus a preponderance of the white blood-corpuscles must act well in such a state; here we would prefer the medium triturations (12 to 15). Nothnagel (*Materia Medica*, p. 417) mentions also Ferrum as a remedy in morbus Basedowii, but adds wisely that it can only be indicated in such cases where the patient is pale and anæmic. (In most cases of this disease there is malnutrition, malassimilation, as the nervous palpitations, the spurious goitre, and the exophthalmos show, and in simple uncomplicated cases Ferrum might do good. Herschel cured one case with Calcarea, after the allopathic ferro-citrate of quinine aggravated and failed to do any good, and Zwingerberg two with Tinctura Guajaci. In many such cases it would be wise to feel our way, to give the remedy methodically, and gradually approach the higher potencies.) Ringer, Pereira, and others, recommend Iron in chronic affections of the nervous system, as chorea, epilepsy, hysteria, when they are attended with anæmia or uterine obstructions, in fact again in simple uncomplicated cases, inasmuch as simple anæmia is too often dependent on scanty assimilation.

For ages Iron has enjoyed a good reputation in zymotic diseases, which can be easily explained by looking at the swollen hypertrophied spleen which we find in the proverbs of Ferrum; in intermittents (quartans), erysipelas, neuralgia, etc., it has often been employed by physicians, especially of the school of Rademacher, who claimed it as a specific to one of his three epidemic constitutions (Ferrum, Cuprum, Nitrum).

The higher dilutions of Ferrum are certainly to be recommended in the rheumatic or neuralgic pains especially in anæmic women. Thus Miller (*Record*, 1874, p. 253) cured a case of omodynia, affecting both deltoids, with Ferrum 2°. Other cases are recorded in the different journals.

Ferrum ought to be compared with China, Arsenicum, and Phosphorus, which have many consonances with it, but Arsenicum has more of organic disturbances, and the quality of the blood in Phosphorus differs greatly from the changes produced by iron.

COMPARISON BETWEEN FERRUM AND CINCHONA.

Ferrum.

Spancæmia, qualitative changes in the blood; surplus of the watery parts of the blood, diminution of red blood-corpuscles.

A cachectic state from faulty nutrition and assimilation.

Primary symptoms: Rush of blood to head and chest, with cold hands and feet, followed by debility.

Uncomplicated cases.

Cheerfulness or depression; cheerful one evening, sad the next.

Changing mood; anxiety with beating in the stomach from the slightest cause; rarely delirium.

Vertigo, with disposition to fall forwards.

Rush of blood to the head, with swelling of the veins of the head, and slight flushes of heat; hammering and throbbing headache, obliging one to lie down, or as if the brain were rent asunder; gloomy feeling in the head, which feels heavy and confused; apoplexia sanguinea.

At night capability to see in the dark, with hysteric persons; the pupils can only be dilated a little; red eyes, with burning pains.

Nose-bleed in the evening when stooping; bleeding from the left nostril.

China or Cinchona.

Oligæmia, diminution in the quantity of blood or other nutritive fluids.

Idiopathic hydræmia, depending on the impairment of the blood-recomposing function of the systemic lymphatics (and capillaries). —*Br. J.*, xxvii, 285.

Primary short excitation, followed by lasting depression.

Freedom from all complication.

Mood indifferent, peevish; sad, hopeless, absentmindedness.

Mental excitement; delirium and coma rare (Burt). Gross gives mental excitability with fancies, but deliria or unconsciousness rarely.

Vertigo, inclining to fall backwards.

Intense throbbing headache, with loss of sight and ringing in the ears; fainting, aggravated by a draft of air, in the open air, from the slightest contact, and relieved by hard pressure, or by moving the head up and down. Apoplexia nervosa.

Dilatation of the pupils; complete blindness; nocturnal blindness; complaints from sunlight.

Redness and heat of the nose; tearing pain in the dorsum of the nose.

Ferrum.

Face fiery red; red spots on the cheeks; puffiness of the face around the eyes; livid, jaundiced complexion; pale face and lips.

Swelling of the gums and cheeks; hemorrhage from the nose and cheeks; pale lips.

A burnt sensation on the back and middle portion of the tongue; aching pain during deglutition, with sensation of a plug in the throat; constrictive sensation in throat.

Vomiting of the ingesta, with constant pressure in the pit of the stomach and weariness of the feet. Earthy, putrid taste; all food has a dry, insipid taste; no appetite; no thirst; vomiting of blood. Distension of the abdomen without suffering from flatulence; painful weight of the viscera in walking, as if they would fall down.

Painless diarrhœa, with undigested food; discharge of ascarides with the slimy stool; anal varices protruding.

Burning in the urethra during micturition, as if the urine were hot; *involuntary urination, particularly in the daytime.*

Metrorrhagia, especially when accompanied by a very red face; menses profuse; acrid leucorrhœa; miscarriage; sterility; painfulness of the vagina during an embrace.

Fatal pneumorrhagia; phthisis florida after neglected pneumonia; asthmatic breathing, relieved by walking or talking, most violent when lying down in the evening; pain in the outer parts of the chest.

Weariness and drowsiness in the daytime, with light sleep at night, full of dreams, and attended with seminal emissions; vivid dreams of being engaged in the war, or that he fell into the water.

China or Cinchona.

Blue color around the eyes; hollow eyes; sallow complexion; pale color of the face; hippocratic countenance; frequent change of complexion.

Shrivelled skin of the lips; chapped lips; toothache in the upper teeth particularly, with amelioration from pressing the teeth firmly together.

Painful swelling of the posterior border of the tongue; vesicle under the tongue; stinging pain during deglutition; aching pain when talking or taking an inspiration.

Vomiting of sour matter; no desire for food, his taste being good; desire for food, but he does not know what to take; troubles in the region of the spleen; darting, shooting pain from right to left crosswise in the hypogastric region; flatulent colic; rumbling and rolling in the abdomen; great acidity.

Diarrhœa, particularly when very debilitating; stools acrid, undigested, with ascarides.

Burning, smarting in the forepart of the urethra during micturition; pressing in the bladder after frequent and almost unsuccessful desire to urinate; whitish, turbid urine, with white sediment.

Metrorrhagia; blood-colored leucorrhœa; after flooding, the woman is pale, almost pulseless, with cold skin, ringing in the ears, etc.; female sexual desire too strong; protracted lochial discharges, or even metrorrhagia from atony of the uterus.

Asthma, hæmoptoe, phthisis florida; respiration loud, without rattling in the throat; troubles occurring in lower part of the chest.

Restless sleep or sleeplessness; sleepiness in the afternoon; heavy dreams in the night, the anxiety continuing even after waking; unceasing sweat at night, even when lightly covered; snoring and moaning in sleep in children.

Ferrum.

Fever with sweat; profuse sweat, walking or sitting, or during a light sleep; morning sweat, or every morning exhausting sweat; pulse scarcely perceptible, or hard and full.

Tertian intermittent, with headache, languor, and yellow face; chill, with thirst and headache; during the heat bloatedness around the eyes; distension of the abdomen with swelling of the spleen; vomiting of the ingesta; short breath; debility; sweat often confined to lower part of body.

China.

Chilliness; shuddering, with goose-flesh; pulse irregular and intermittent; chilliness in the open air or after drinking, generally in the afternoon or evening; fits of chilliness, quickly followed by heat and sweat; perspiration generally on back part of the body only.

Violent internal chill, with icy coldness of hands and feet, and congestion to the head; during heat burning in the lips and pain in liver; thirst through chill and heat, followed by profuse and weakening sweat; sweat on upper part of body.

FERRUM AND PHOSPHORUS.

We have seen that Iron, through the great vegetative nervous system, has a specific action on the blood, that it produces a decrease of the red blood-corpuscles and of the albumen, and an increase of the water in the serum of the blood, that it affects every organ and tissue of the body by its deteriorating action upon the blood.

A similar deteriorating action is found under Phosphorus. It acts on the entire nervous system; on the nervous substance itself, as well as on interstitial nutrition; on the far ends of the bloodvessels, as well as on the organic cell; vitality becomes profoundly affected by it; exhaustion finally takes place, with paralysis of the sphincters, abolition of all plastic processes and of animal heat, venous stasis, hemorrhages and asthenic discharges, spasms, paralysis, colliquation, muscular atrophy, decomposition of the fluids and of the solids. (Espanet, *Mat. Med.*)

In both remedies we find primary irritation. Thus we find in Phosphorus poisoning, affections of the gastro-enteric and of the respiratory mucous membrane, leading in the former to cardialgia, vomiting, tenesmus, in the latter to pulmonary congestion and bronchitis; and in Ferrum, primary congestion to head and chest, and heaviness in the stomach only from too large doses. All the dissonances are strongly expressed in the secondary effects. In Ferrum we may have poor blood, but what is left of its constituents is normal; the difference lies only in a plus or minus of the different constituents;

whereas, in Phosphorus, the whole blood mass becomes changed, decomposed, and in its chronic action Phosphorus acts, therefore, more detrimentally on the body than Iron ever can do. We find, therefore, that Phosphorus is far more frequently indicated and used than Iron ever will be. Again, although both remedies show impoverished vitality, we find this loss of vitality emanating in Phosphorus from depression of the cerebro-spinal system; whereas the asthenia of Iron arises from loss of the red corpuscles; and for that very reason a combination of both remedies, as we find it in the lacto-phosphate and pyrophosphate of iron, leads sometimes to beneficial results.

Ferrum.

Changing mood; haughtiness, quarrelsomeness.

Rush of blood to the head; reeling, staggering as if intoxicated; hammering and throbbing headache, obliging one to lie down; headache, as if the brain were rent asunder.

Red eyes, with burning pains; suppurating styas.

Ulcerative pain of the outer ear.

Nose-bleed on stooping in the evening; bleeding from the left nostril several times.

The least emotion or exertion produces a red flushed face; ashy pale or greenish face; anæmia, with pale face and lips, with great debility.

Swelling of the gums and cheeks; numb and pithy feeling of the tongue, as if burned.

Putrid, bitter taste, or dry and insipid; loss of appetite owing to a constant feeling of repletion; meat does not agree with him; after a meal heat and anxiety, dulness of

Phosphorus.

Apathy, with occasional fits of passion; lowness of spirits; hypochondriasis with vehemence; fearfulness; great depression at twilight.

Feeling of weakness in the head, with all sorts of vertigo; oppressive, constrictive headache, *with sensation of weakness and emptiness in the stomach*; neuralgia of the head, ameliorated by wrapping it up warmly.

Momentary loss of sight; dim-sightedness, colors appear black before the eyes; *muscæ volitantes*.

Difficulty of understanding human speech; hardness of hearing after severe diseases (typhus, etc.).

Blood comes every time the nose is blown; smelling too sensitive; foul imaginary smells.

Face semitransparent, like polished ivory; pale, sickly complexion; puffiness and swelling around the eyes; hippocratic countenance; prosopalgia.

Tearing in the upper and lower jaws, at night when lying; toothache, as from subcutaneous ulceration, when chewing.

Soreness of the inner mouth; slimy mouth; white-coated tongue, also parched, cracked, or covered with black crusts.

Dryness; scraping and burning in the throat; sensation of tightness in the throat; loss of taste, or slimy, bitter taste; aversion to boiled milk; no hunger, but he relishes

Ferrum.

the head, preventing mental exertion; vomiting of the ingesta after a meal.

Pressure at the stomach after taking the least food or drink; distension of the stomach and abdomen without suffering from flatulence; stomach and abdomen feel bruised; painful weight of the abdominal viscera, as if they would fall down; hienteria.

Obstinate diarrhœa, composed of slime and undigested food; painless, excoriating, and exhausting, worse mornings; stool with ascari-des.

Constipation and varices in the rectum, with painful pressure during stool; prolapsus recti; profuse hæmorrhoidal flux from the anus and bladder.

Chronic affections, and swelling of the spleen and liver, with infarctions of the liver.

Hæmaturia; involuntary diurnal micturition.

Previous to the menses, stinging headache, ringing in the ears, and discharges of long pieces of mucus from the uterus; menorrhagia in weakly persons, with fiery red face; menses too frequent, too profuse, and last too long; menses intermit, and then return, the blood being very pale. Leucorrhœa like watery milk, smarting and corroding the parts when first appearing. Sterility. Miscarriage.

Erection night and day; nocturnal emissions; sterility.

Spasmodic cough, with expectoration of transparent and tenacious mucus; bloody cough at night, increasing the dyspnœa; hæmoptoe; copious expectoration of putrid,

Phosphorus.

what he eats; panting for refreshing things; canine hunger; vomiting as soon as food or drink becomes warm in the stomach; vomiting of blood, of sour matter.

Very weak, empty, or gone sensation, felt in the whole abdominal cavity, accompanied by a sensation of heat in the back between the shoulder-blades; sharp pains through the abdomen; belching of large quantities of wind, also of sour substances; melœna.

Diarrhœa, pouring out in great quantity like water from a hydrant, painless and exhausting; green and bloody stools, the anus remaining constantly open; grains, like tallow, in the rice-water stools (fatty liver).

Stool long, slim, hard, and dry, evacuated with great difficulty.

Fatty degeneration of the liver, with malignant jaundice; a weak, gone sensation in the abdomen, with stitches in the liver.

Albumen and exudation-cells in the urine; thick, turbid, and scanty urine; frequent nocturnal micturition. Greasy pellicle on the urine, of various colors (fatty liver).

Nymphomania; menses too early; profuse menstruation, with great sexual excitement; profuse, smarting, corrosive leucorrhœa, drawing blisters.

Nocturnal emissions without dreams; irresistible desire for an embrace; impotence from sexual abuse; discharge of prostatic juice during hard stool.

Hard, tight, dry cough, very exhausting, aggravated by going into the open air; morning expectoration, none in the evening, of a bloody, purulent, or yellow matter;

Ferrum.

greenish pus, early in the morning; burning in the upper part of the sternum after coughing. General hemorrhagic tendency.

Phosphorus.

hoarseness or aphonia toward evening; anxious, oppressed respiration; profuse obstinate hemorrhages; pneumonia, with red hepatisation.

The symptoms of both remedies give the indication for their combination as the lacto- or pyrophosphates.

Fulness and tightness of the chest, with difficult, anxious breathing; asthma, aggravated when sitting still without doing anything. Palpitation of the heart, particularly in chlorosis. Dilatation of the heart.

Inflammation and suppuration of dark hepatic spots; burning, painful soreness of the skin, even when touching it ever so lightly.

Weariness and drowsiness in daytime, slightly relieved by sleep; heavy sleep in the morning; restless sleep full of dreams, and attended with seminal emissions; vivid dreams.

Frequent short shudderings; want of animal heat; pulse scarcely perceptible, or hard and full; heat about the body, with redness of cheeks; viscid, exhausting sweats.

Great languor, with drowsiness and emaciation; great weakness, as if weary; heaviness of the limbs, want of firmness and languor; fainting spells.

Adapted to cachectic and leucophlegmatic persons, and to diseases where the vegetative system is involved, with anæmia. Chlorotic state.

Fatty degeneration of the muscles of the heart; palpitation of the heart when sitting; threatening paralysis of the heart; arrest of breathing during a quick walk; tightness of the chest, as if bound by a band.

Pustular and scaly exanthemata; ulcers in general; smaller wounds bleed much; wounds continually heal and break out again; formication and itching in the paralyzed parts.

Complaints preventing sleep; general sleepiness in the daytime, especially after dinner; anxious, vivid dreams.

Pulse changed in general; quick pulse; internal or external heat of single parts; viscid sweat.

Heaviness of the mind and body; weakness from loss of animal fluids; sensitiveness to cool weather; hectic fever and emaciation.

Complaints existing in tall thin persons having dark hair, especially in women. Diminution of fibrin in the blood, thus non-coagulability; fatty metamorphosis.

FERRUM AND ARSENICUM.

Hydrated sesquioxide of iron is the well-known immediate antidote in Arsenic poisonings, and antidotes complement each other. Only thus can we explain the otherwise irrational prescriptions of Opium and Bell., of Rhus and Dig., of Nux and Sulph., etc., so often given in alternation by physicians relying on low dilutions in their treatment. *Teste (Mat. Med.,*

191) allows four marked effects to Arsenic, on the digestive organs, the organs of the head, the organs of locomotion, and the cutaneous organ, and we find Ferrum put down as an analogue in the third and fourth series. The old school relies more or less on Arsenious preparations in cancer and scrofula, in pulmonary phthisis, asthma, angina pectoris, intermittent fever, and neuralgia, and our school agrees to most of these indications; many of these diseased states are also covered by Ferrum, and it is our duty to differentiate strictly between such related remedies. Isnard, a French physician, recommends Arsenic in chlorosis and in tuberculosis, Leube in diabetes. Nothnagel (*Mat. Med.*, 216) remarks, that Arsenic suits well chlorotic and anæmic persons, but will hardly benefit plethoric individuals. It suits children, but easily produces dyspeptic troubles in senile patients. It is advisable to give the remedy with the food, or immediately after a meal (the same advice also stands for Ferrum according to most authorities).

Ferrum.

Suits cachectic and leucophlegmatic individuals, and to diseases where the vegetative system is involved, with spanæmia as a prominent symptom. It increases the serum of the blood and the white blood-corpuscles, and diminishes the red blood-corpuscles.

Vehement, quarrelsome, disputative; alternation of excessive cheerfulness and melancholy; anxiety as after committing a crime.

Reeling and staggering as if intoxicated, with sickness in the stomach when walking; gloomy feeling in the head, hammering and throbbing headache, obliging him to lie down, with aversion to food and drink; rush of blood to the head, with swelling of the veins of the head and slight flushes of heat; pain about the head as from

Arsenicum.

Suitable to impoverished, exhausted, and nervous constitutions; leucophlegmatic temperament, disposition to catch cold, to chronic eruptions and ulcerations, to melancholy. It acts directly on the red corpuscles, diminishing their power of taking up the oxygen supplied to them in the lungs, and the carbonaceous compounds thus unconsumed deposit themselves in the form of fat (Hughes).

Melancholy sadness, with severe fits of anguish, with oppression of the chest and labored breathing, driving him out of bed at night; fear and dread of ghosts; vexed mood, with excessive sensitiveness to light and noise; insanity from abuse of alcoholic stimulants, or from metastasis of skin diseases.

Vertigo, with reeling during a walk in the open air, or every evening when closing the eyes, with obscuration of sight when raising the head; dulness of the head, with qualmishness and weakness in the pit of the stomach; diminished memory; loss of speech; loss of consciousness, deliria; unbearable headache, as if the brain

Ferrum.

subcutaneous ulceration, and painfulness of the hair when touching it.

Redness and swelling of the upper and lower lids; suppurating styne on upper lid, and nightly agglutination; itching and pressure in the eye as of a grain of sand; the pupils can only be slightly dilated; darkness before the eyes in the evening, with aching pains and slight epistaxis.

Ulcerative pain in outer ear; singing, humming in the ears; relieved by laying the head on the table.

Nose-bleed on stooping in the evening; bleeding from the nostrils repeatedly.

Livid, jaundiced complexion, sometimes blue spots on the face; pale face and lips; fiery redness of the face; yellow spots on the face and puffiness around the eyes.

Great paleness of the mucous membranes, especially that of the cavity of the mouth; pale lips; numb and pithy feeling of the back and middle portion of the tongue.

Everything vomited tastes acid; vomiting of food, with fiery red face; renewed vomiting after eating, after every cough, at midnight; pressure at the stomach after taking the least food or drink; distension and sensitiveness of the gastric region; complete absence of thirst; meat does not agree with him (only bread and butter).

Painful weight of the abdominal viscera when walking, as if they

Arsenicum.

were torn to pieces, with the greatest thirst, ameliorated by warmth. Acts prominently on the scalp; alopecia, rough, and dirty-looking spots.

Conjunctivitis and scleritis catarrho serofulosa, with corrosive itching or burning of the eyes; specks and ulcers on the cornea; blepharitis and œdema of the lids; profuse lachrymation; excessive photophobia; obscuration of sight; blue color around the eyes.

Cramp pain in outer ear; hardness of hearing, as if the ear was stopped up; deafness; noise as of rushing waters; roaring and singing in the ears.

Burning in the nose; violent bleeding from the nose; ulcerated condition of the nostrils, with discharge of fetid ichor; profuse fluent coryza, with a good deal of sneezing and discharge of an acrid fluid.

Sunken countenance, sickly color of the face, with sunken eyes, surrounded with blue margins and with a pointed nose; bloated, puffed red face; blotches and ulcers all over the face; swelling of the submaxillary glands.

Spasmodic grinding of the teeth; tongue white, brown, or blackish, cracked and trembling; fetid smell from the mouth; aphthæ, which burn like fire.

Nausea and vomiting from drinking ice-water; violent vomiting of ingesta, serous fluids, with flakes, also brown or black substances, with burning pains in the stomach and watery diarrhœa, with cramps of the abdominal muscles and extremities; sensation as if a stone was in the stomach; stomach disordered after eating ice-cream or fruit; violent thirst, obliging him to drink frequently, but little at a time; desire for acids and brandy; vomiting immediately after taking drink or food; hiccup; water-brash.

Diarrhœa of a cadaverous smell, renewed after eating or drinking;

Ferrum.

would fall down; stitching in the abdomen; flatulent colic at night; lenteria, frequent diarrhœic stools, corroding the anus, the face being fiery red; obstinate painless diarrhœa, excoriating and exhausting, worse mornings; ascarides.

Constipation and varices of the rectum, with painful pressure during stool; frequent urging to stool, with burning at the anus, and pain in the back during motion.

Involuntary micturition, particularly during daytime; burning pain in urethra during micturition, as if urine were hot.

Erections night and day; nocturnal emissions.

Menorrhagia in weakly persons, with fiery red face; menses too frequent, too profuse, and lasting too long; menses delay a few days, with scanty discharge of watery blood, attended with violent colic; painfulness of the vagina during an embrace; miscarriage, sterility. Leucorrhœa resembling watery milk, smarting and corroding when first appearing; dragging pains in the loins, pelvis, and thighs.

Spasmodic cough with expectoration of transparent and tenacious mucus, with vomiting of the ingesta; catarrh and cough, with aching pain in the upper part of the sternum; bloody cough at night or on rising; copious expectoration of greenish putrid pus; sensation in the clavicle as if gone to sleep; fulness and tightness in the chest, as if constricted, worse by walking.

Inflammation and suppuration of dark hepatic spots; burning, painful soreness of some part of the skin, even when touching them ever so lightly.

Arsenicum.

acrid, burning, corroding discharges, often very offensive; painful lenteria; intense burning sensation in abdomen; painful distension of the abdomen; vomiting and diarrhœa at the same time.

Constipation with pains in the abdomen; ineffectual urging; tenesmus, as in dysentery, with burning and pressing in the anus and rectum; inflamed varices.

Retention of urine; paralysis of the bladder; suppression of the secretion of urine; involuntary micturition at night during sleep; albuminuria; strangury; hæmaturia; burning hot urine.

Inflammation and swelling, even gangrene, of the male genital organs; nocturnal emissions, sometimes followed by continual erections; discharge of prostatic fluid during stool.

Catamenia too early and too profuse; bloody mucus after the menses; leucorrhœa, dropping out while the woman is standing, with emission of flatulence; acrid, corroding, thick and yellowish leucorrhœa; thin corrosive leucorrhœa, with great debility; induration, scirrhus, or even cancer of the uterus.

Voice hoarse from debility; feeling of dryness and burning in the larynx, as if from the vapor of sulphur; cough at night without expectoration; in the daytime with expectoration of mucus; scanty and generally frothy or in lumps, of various taste or color; sometimes mixed with florid blood; asthma, with constriction of the chest and anguish, aggravated by motion.

General anasarca with white waxy paleness of the face, and great debility; branlike, dry, scaly eruptions, with itching and burning, increased by scratching, and followed by bleeding; phagedenic ulcerations, constantly extending in breadth.

Ferrum.

Constant weariness and drowsiness in the daytime; falls asleep late; restless sleep, full of vivid dreams, but feels nevertheless refreshed in the morning.

Frequent short shudderings; want of animal heat; chilliness with glowing heat in the face; orgasm of blood in the daytime, with heat in the hands; exhausting vivid sweats; pulse filiform or hard and full; flushed head and face, with cold hands and feet.

Amelioration in the open air, from continued motion, on leaning against anything.

Arsenicum.

Great weariness and sleeplessness with uneasiness and tossing about; starting of the limbs at the point of falling asleep; suffocative fits; great anguish; frightful dreams, full of fatiguing reflections.

Fever; feeble, imperceptible pulse; chilliness without thirst, or for hot drinks; wants to be near stove; external and internal heat, at the same time with anxiousness; intermittent, typhoid, yellow, putrid fevers.

Amelioration from warmth in general, when standing or moving the affected part; by walking about, particularly of the pains which come on at night.

We thus come to the conclusion that although all four remedies produce changes in the blood, they have these grand characteristic differences:

Ferrum: Primarily increasing the number of red corpuscles; secondarily impairing digestion and producing the opposite state, loss of red corpuscles; and through the loss of hæmatin, a preponderance of white corpuscles. Unequal distribution of the blood, a false plethora (flushed head and face, cold hands and feet), languor and weariness more than exhaustion; representative disease, chlorosis.

Cinchona: Great loss of animal fluids in their totality, hence exhaustion of the vital powers, accompanied by excessive sensitiveness and irritability of the nerves, and relaxation of the solids; but Hahnemann adds the pointed remark to the anæmia of *Cinchona*, that it must be a pure uncomplicated case of anæmia, and where another diseased state exists or pre-existed, this must be first removed, before we can think of prescribing *Cinchona*. Representative diseases: Anæmia in relation to the blood; Periodicity in relation to the nervous system. Is it antiseptic, like Arsenic? It destroys vibriones, and retards ameboid motion, according to experiments made by physiologists, and many authorities claim from this quality the curative power of *Cinchona* and its alkaloids in miasmatic diseases.

Phosphorus represents defibrination of the blood, loss of coagulability; as it is well known that the formation of fibrin in

the clotting of blood is the means by which the bleeding is restrained or stopped; how easily do we understand now the characteristic symptom, "small wounds bleed much," and as in many inflammatory diseases the fibrin is said to be increased, carrying in its deposition the blood-corpuscles with it, we see again how Phosphorus, by defibrinating the deposit, changes the inflamed tissues into a fatty retrograde metamorphosis, and thus produces resolution. But Phosphorus also shows its great power in another direction. Just as China raises the forces broken down by the loss of vital fluids, so Phosphorus raises the forces broken down by nervous exhaustion, moral shocks; and what Ferrum is to Chlorosis, Phosphorus is to nervous exhaustion. Considering these two great spheres in the action of Phosphorus, can we wonder that it brings relief to patients suffering from nervous prostration as well as from decomposition of the blood, showing itself by complete fluidity, non-coagulability, and by the destruction of the corpuscles; and let the disease be malignant jaundice, yellow fever, typhoid pneumonia, or any similar one, whenever the totality of the symptoms points to this heroic remedy, our confidence in it will not be disappointed.

Arsenicum represents *hydræmia*, or, as Buchner (*Morbus Brightii*, p. 63,) has it, "a hyperinotic blood-crisis with tendency to hydræmia. The application of Phosphorus is diametrically opposed to that of Arsenicum, as they bear a proportion as right and left; Arsenicum affecting the left heart, Phosphorus the right one; or, in other words, the former causes arterial stagnation, the latter venous stagnation, with or without disturbance of the lesser circulation. Just so Arsenicum is indicated in œdema cerebri, Phosphorus in symptoms of cerebral atrophy." Such a *dyscrasia, with excess of fibrin in the blood*, necessarily leads to inflammations with fibrinous exudations, to coagulations within the circulatory system (endocarditis, thrombosis, embolism), ending in albuminuria or hydræmia. It may be considered remarkable, that remedies so diametrically opposed as Phosphorus and Arsenicum, produce alike fatty metamorphosis; but there is a great difference between a retrograde metamorphosis (destruction, death), as found in Phosphorus, and the fatty deposit produced by Arsenicum. Hughes (*Pharmacodynamics*, p. 106) explains this fatty neoplasma by the action of Arsenicum on the red corpuscles, diminishing their power of taking up the oxygen supplied to them by the lungs, and the carbonaceous com-

pounds thus unconsumed deposit themselves in the form of fat. If thus direct action on the corpuscles be granted, many of the phenomena of arsenical poisoning become explicable. No wonder that the blood is black and non-coagulable, resembling that of cholera and malignant fever, that petechial effusions frequently occur, and that chronic poisoning takes the form of a profound cachexia (arterial stagnation)!

What is the cause of this arterial stagnation? A paretic state of the vasomotor nerves may explain it, for it is a well-known fact, as even Hahnemann long ago remarked, "that Arsenic is well capable of producing (primarily) spasm in the bloodvessels, and that commotion in the stomach called the febrile rigor." This increasing rapidity of the circulation enables the Styrian peasant to undergo great exertion without fatigue, but as soon as they stop taking the poison a reaction (secondary symptoms) takes place, and we find arterial stagnation followed by albuminous hydræmia. The obesity of Arsenicum must be primary; the fatty infiltration into the tissues of Phosphorus is certainly only a secondary retrograde process.

Thus, we see again, that the hydræmia of Arsenic is really primarily of neurotic origin, and all the hæmatic symptoms produced by Arsenicum can be laid to affections of the nervous system in their totality. The general symptoms of Arsenic shows this, and Arsenic differs thus essentially from Ferrum, which may be considered the very antipode of the former, primarily hæmatic, and all nervous symptoms are only consecutive ones.

Arsenic, again, differs essentially from Cinchona, inasmuch as the former is a curious mixture of depression with irritation, whereas uncomplicated debility of the nervous system is characteristic of the latter; in fact Burt calls the Peruvian bark "the great conservator and builder of the ganglionic nervous system."

Cinchona and Phosphorus give us defibrinated blood, rendering it fluid and uncoagulable, but in the former prostration of the ganglionic neuropathic element may be the cause, whereas Buchner clearly points to venous stagnation as characteristic of Phosphorus.

We have thrown out some hints; may abler hands take up the subject of comparing the physiological action of related remedies, and thus lift our *Materia Medica* to a scientific basis. Many of my deductions may be wrong, perhaps are

wrong, but only through darkness to light, through trials and storms to a sure haven. It is a sacred debt we owe to our students; let us work this great Bonanza; it is a mine which will never give out.

DRESS REFORM.

BY A LADY.

(*Read before the Philadelphia Homœopathic Medical Society.*)

THE prevailing ill-health among women should lead us to seek for its cause. Now, if we examine the make, fit, and weight of a suit such as is commonly worn by ladies, it seems to me that any intelligent physician would say that it alone was sufficient to cause many of the diseases to which women are peculiarly subject. The corset, tight fitting, with from fifteen to twenty pieces of whalebone, besides steels one to two inches wide, reaching from near the centre of the sternum four to six inches below the waist to the hypogastric region; the *dress-waist* forced down as low as possible, pressing upon and compressing the abdomen; the skirts, from three to six or eight pounds in weight, and more than half of them so arranged that the weight comes across the back at some of the weakest spots in the spinal column, and perhaps with no other support than a narrow band around the waist; then add to the above, tight garters and tight shoes, and remember that in all important points of fit and pressure the dress has been nearly the same for generations, and the wonder is that any women have straight backs.

There must be a reform in the dress of women if they would have strong backs, strong nerves, strong heads, or moderate health.

The garments now in use by the Dress Reform Company, which has its headquarters at No. 25 Winter Street, Boston, Mass., rooms 14 and 15, remove most of the objections to the styles of dress so long in use. The under-garments cover the entire person, all fulness, tightness, and binding is removed from about the waist, all the skirts are supported from the shoulders, leaving the waist and abdomen and small of the back perfectly free from all pressure and weight, the clothing fitting smoothly along downwards under the arms to the skirts, and giving perfect freedom of movement to all parts of the body. They are comfortable, neat, and pretty, and capable of such changes and modifications as may be necessary,

and cannot fail, in a short time after being adopted, to make any woman feel much more comfortable than does the present style of clothing.

But old prejudices and old customs must be overcome. Nine women out of every ten will say, "Oh, I can't give up my corsets," and half of them will add, "and I don't mean to try." Ask, why not? The reply is, "My back will break, I must have some support." Numerous other arguments will follow, varying according to the taste and prejudices of the individual, such as "*the looks*," "*the fit of outer garments*," etc.

The war on the present mode of dress must be directed first against the corset; because leaving that off, the other garments become much more uncomfortable, and it will be much easier to induce women to adopt a style which removes all weight and pressure from the parts already injured, after those injured parts are rendered still worse from want of their accustomed support.

The testimony of persons having weak backs, or of those affected with spinal complaints, who have worn corsets for years, and who have become convinced of their injurious effects, or who have left them off as an experiment, is certainly worthy of consideration.

That testimony is, that in a few weeks the feeling of relief and of returning strength, if there be a difference, is greater in the back than around the waist or in the abdomen. Hence, those persons who think they must have some support, have nothing to fear from dispensing with the use of the corset.

But how are the women, particularly the mothers, to become convinced on this subject. They nearly all believe that there is an increasing weakness on the part of our young women. Can mothers be convinced that they are themselves producing and fostering this weakness, first in themselves and then in their children, from the first garments they put on the new-born babe, until they admire the close, smooth fit of the wedding-dress; when, with clothing made up, as she thinks, in the neatest and tightest manner possible, she sends away her daughter to repeat the same processes upon another and probably a weaker generation of children?

Let any intelligent physician examine the weight, make, and fit of the clothes worn by a child three weeks old. From six to ten yards of material, made heavier by trimmings; gathered bands, which cover the child from armpits to hips, and are pinned as tight around the body as they can well be

drawn. To these bands are suspended the whole weight of clothing in such a manner that, when the child is lifted or handled by the arms or shoulders, as is usual, the whole weight of the clothing is dragging from the child's hips, and no difference what the height of the thermometer, the clothing is just the same. The child is very cross to-day:—Make a suggestion that if the clothes were loosened, and if the child were given a chance to use its feet in a manner natural to a child, it might be better. You are told by the mother or nurse that "*infants don't feel the heat like we do.*" The manner in which it is necessary to handle and care for a babe makes it easier to bear the weight of clothing, but by their tightness as well as by their weight is it not true that they are often injured?

The clothing of children from one to twelve years old is not in general quite as objectionable, but even these are generally far from comfortable. Improvements have already been made. Short sleeves and low necks have almost gone out of fashion, which is indeed an earnest that something may be done in the future.

Perhaps few physicians realize how great is the influence they have over their patients. In many cases it is almost absolute. Let each physician, when called to treat a case of spinal, womb, urinary, and other similar affections, say to the patient, My medicine is powerful, I know it will help, perhaps cure you. But I want you to leave off corsets and all tight clothing, and give all parts of the body an equal chance, that you may have a chance to stay well when you get well; and if it be necessary let him say, "*You must do it.*" No physician need fear that it will injure his business. It will not, and while the benefit to the person obeying will be great, the good will extend far along to future generations, and we women will find work enough at least for all the present generation of doctors.

I would recommend all physicians interested in this important subject to examine the models of the Dress Reform Company, and satisfy themselves as to the merits claimed for these garments, and to recommend their patients to write to Boston for information, until an agency is established here. Or if any physician knows of a lady or ladies capable of conducting such an enterprise, he would be doing a kindness to many by inducing such persons to embark in the undertaking. If we may judge of the probable success by the success of the Boston store, the risk would be very small. The rooms were

opened for business about the 1st of last October, and they now employ six ladies, have paid all expenses, and consider their future success as assured. The interest in the subject has become widespread, and they report frequent calls from persons from Philadelphia.

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

THIS Society held a two days' session in San Francisco, April 13th and 14th, the President, Dr. C. W. Breyfogle, of San Jose, in the chair. Drs. J. Murry Moore, formerly of England, E. S. Breyfogle, E. W. Charles, and E. M. P. Hurlburt, were admitted to membership. Dr. S. Worth read a paper on *Typhoid Fever*. Dr. E. J. Frazer read an essay on *In-growing Toe Nail*. Dr. W. N. Griswold read a paper on *Jaundice alias Biliousness*, alluding to the causes of the former, protesting against the indefinite use of the term "biliousness" among professional men, and arguing that it should be used synonymously with and cover the same conditions as the term "jaundice." The papers presented, and some other questions raised, were spiritedly discussed. The President delivered an excellent Annual Address.

The following officers were elected for the ensuing year: *President*, C. W. Breyfogle. *Vice-Presidents*, J. Murry Moore and A. A. Thiese. *Recording Secretary*, W. A. Griswold. *Corresponding Secretary*, E. J. Frazer. *Treasurer*, F. Hiller. *Censors*, T. Coxhead, S. Porter, and Sidney Worth.

REPORT OF TWO HUNDRED AND FOUR CONSECUTIVE CASES OF OBSTETRICS OCCURRING IN PRIVATE PRACTICE.

BY A. R. THOMAS, M.D.

(Read before the Pennsylvania State Homœopathic Medical Society.)

REALIZING the value of statistics in everything relating to medicine, and particularly in obstetrics, of the last two hundred and four cases in my practice I have kept careful records, noting the following points: Number of the pregnancy, sex of child, presentation, time in labor, and hour of delivery, with remarks in special cases. The value of this record would have been increased had I also included the age of the mothers, duration of different stages of labor, etc. The record is also incomplete from many cases of abortion, particularly in the early months, not having been recorded, and thus an opportunity of estimating the relative frequency of this accident, both during the several months, and in proportion to the number of labors at full term, is lost.

With the intention of keeping more careful and complete records of these cases in the future, I would urge upon my brethren the same practice, and by reporting the same from time to time, a vast amount of valuable information may be accumulated.

TABLE I.

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	Remarks.
		Male.	Female.				
1	1		F.	V.	2 $\frac{1}{2}$	2 $\frac{1}{4}$ P.M.	{ Internal hemorrhage, relieved by pressure of bandage and Bell.
2	3	M.		V.	3 $\frac{1}{2}$	6 A.M.	
3	1		F.	V.	12	7 $\frac{1}{2}$ P.M.	
4	3	M.		V.	4	5 A.M.	
5	1	M.		V.	8	3 $\frac{1}{2}$ P.M.	
6	4		F.	V.	2	1 A.M.	
7	1	M.		V.	18	6 P.M.	
8	2	M.		V.	6	9 $\frac{1}{2}$ P.M.	
9	2		F.	V.	8	4 $\frac{1}{2}$ P.M.	
10	5	M.		V.	16	6 $\frac{1}{2}$ P.M.	
11	3	M.		V.	12	4 $\frac{1}{2}$ A.M.	Gave ether.
12	3	M.		V.	4	12 P.M.	
13	3		F.	V.	4 $\frac{1}{2}$	1 $\frac{1}{2}$ A.M.	Ether.
14	1	M.		B.	24	3 P.M.	
15	8	M.		V.	8	5 A.M.	
16	3		F.	V.	6	2 $\frac{1}{2}$ P.M.	
17	3	M.		V.	5	6 $\frac{1}{2}$ P.M.	{ Convulsions; forceps. Mother and child both saved. Ether.
18	1	M.		V.	12	5 $\frac{1}{2}$ A.M.	
19	1	M.		V.	18	3 $\frac{1}{2}$ A.M.	
20	2	M.		V.	3 $\frac{1}{2}$	5 $\frac{1}{2}$ A.M.	
21	1		F.	V.	6	3 A.M.	Ether.
22	1	M.		V.	6 $\frac{1}{2}$	5 A.M.	
23	3	M.		V.	3	9 P.M.	Stillborn; eight months.
24	3		F.	V.	6	2 A.M.	
25	3	M.		V.	8	3 P.M.	
26	1		F.	V.	12	1 $\frac{1}{2}$ A.M.	
27	1	M.		V.	14	10 A.M.	Inertia of uterus. Forceps.
28	6	M.		V.	4	7 $\frac{1}{2}$ A.M.	
29	2		F.	V.	6	12 P.M.	
30	2		F.	V.	8	8 $\frac{1}{2}$ P.M.	
31	1	M.		V.	24	10 P.M.	Ether.
32	5	M.		V.	5	11 P.M.	
33	3	M.		V.	8	11 A.M.	
34	2		F.	B.	6	7 A.M.	
35	2		F.	V.	7	11 $\frac{1}{2}$ P.M.	Occiput posterior. Ether.
36	1		F.	V.	6 $\frac{1}{2}$	3 A.M.	
37	1	M.		V.	18	5 $\frac{1}{2}$ A.M.	
38	1		F.	V.	12	1 $\frac{1}{2}$ P.M.	
39	1		F.	V.	14	9 $\frac{1}{2}$ P.M.	
40	1	M.		V.	12	11 $\frac{1}{2}$ P.M.	
41	4		F.	V.	4	4 $\frac{1}{2}$ P.M.	
42	2	M.		B.	8	6 $\frac{1}{2}$ A.M.	
43	1		F.	V.	12	4 A.M.	
44	2	M.		V.	4	11 A.M.	

TABLE I—*Continued.*

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	Remarks.
		Male.	Female.				
45	6	M.		V.	3	4 A.M.	
46	1	M.		V.	3	2½ P.M.	
47	3		F.	V.	4	1 A.M.	
48	3	M.		V.	5	2 A.M.	
49	4		F.	V.	4	11½ A.M.	Twins, both females.
50	2	M.		V.	6	9½ A.M.	
51	1		F.	V & B	12	1½ A.M.	Twins, both females.
52	1	M.		V.	8	9 P.M.	Ether.
53	2		F.	V.	9	5½ A.M.	Internal hemorrhage.
54	1		F.	V.	14	11 A.M.	
55	4	M.		V.	6	3½ A.M.	
56	1	M.		V.	5	5 A.M.	
57	3		F.	V.	3	6 A.M.	
58	1	M.		V.	12	5 A.M.	
59	1	M.		V.	6	4½ A.M.	
60	3	M.		V.	3	11 P.M.	
61	2	M.		V.	8	12 P.M.	
62	1	M.		V.	12	2 A.M.	
63	3	M.		V.	4	2½ P.M.	
64	3		F.	V.	6	11 P.M.	
65	6		F.	V.	6	4 A.M.	{ Premature; eight months. Child did well.
66	2		F.	V.	8	3 P.M.	{ Premature; seven and a half months; child did well.
67	1	M.		V.	24	11 P.M.	Inertia of uterus; forceps.
68	2		F.	V.	20	1 A.M.	{ Convulsions; seven months. Mother and child died.
69	3		F.	V.	8	11½ P.M.	
70	1		F.	V.	12	.	
71	1	M.		V.	18	6½ A.M.	{ Rigid perineum (ether); large head; forceps.
72	1		F.	V.	10	5½ A.M.	Ether.
73	1	M.		V.	6	6 A.M.	
74	1	M.		V.	7	8 P.M.	
75	1		F.	V.	18	2½ A.M.	
76	1		F.	V.	10	3 A.M.	
77	6	M.		V.	4	11 P.M.	
78	2	M.		V.	8	4 A.M.	Stillborn; seven months.
79	4		F.	V.	4	11 P.M.	
80	4	M.		V.	12	12½ A.M.	Stillborn; seven mos.; ether.
81	2		F.	V.	8	9½ P.M.	
82	1	M.		V.	10	4 A.M.	Tumor of vagina.
83	1	M.		V.	6	5 A.M.	
84	2	M.		V.	5	8 P.M.	
85	2		F.	V.	6	11 P.M.	
86	1	M.		V.	8	1 A.M.	

TABLE I—*Continued.*

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	Remarks.
		Male.	Female.				
87	2		F.	V.	5	4½ P.M.	
88	2		F.	V.	6	4 A.M.	
89	2	M.		V.	36	1 A.M.	{ Hydrocephalus of child, perforated head descended; found uterus ruptured. Mother died in a few minutes after delivery.
90	4	M.		V.	5	11 P.M.	
91	3		F.	V.	4	5 P.M.	{ Premature; seven months; child lived a few hours.
92	2	M.		V.	6	1 A.M.	
93	4	M.		Arm.	24	2 P.M.	{ Version by feet; child died; mother died of puerperal fever.
94	4	M.		V.	4	5 P.M.	
95	1		F.	V.	12	3 A.M.	
96	2	M.		V.	4	1½ A.M.	
97	3		F.	V.	6	4 P.M.	Miscarriage; six months.
98	8	M.		V.	7	3 P.M.	" five months.
99	1		F.	V.	5	1 A.M.	
100	4	M.		V.	8	12½ A.M.	
101	1		F.	V.	8	4 A.M.	Ether.
102	2	M.		V.	4	7 A.M.	
103	1	M.		V.	8	5 P.M.	
104	3		F.	V.	4	3 P.M.	
105	2		F.	V.	6	1 A.M.	
106	4		F.	V.	5	2 A.M.	
107	1		F.	V.	3	7 A.M.	
108	1	M.		B.	18	2 A.M.	Stillborn; seven months.
109	5	M.		V.	12	10 A.M.	
110	2	M.		V.	5	3 A.M.	Ether.
111	2		F.	V.	3	7 A.M.	Tumor.
112	1	M.	F.	V.	14	3 P.M.	Twins; miscarriage; six mos.
113	1		F.	B.	24	3½ P.M.	{ Convulsions; forceps to breech; mother and child saved. Ether.
114	1		F.	V.	8	4½ A.M.	
115	1		F.	V.	12	11 A.M.	Ether.
116	1	M.		V.	4	2¾ A.M.	
117	1		F.	V.	15	1½ P.M.	Rigid os and perineum. Ether.
118	1	M.		V.	4	10½ P.M.	
119	5	M.		V.	10	8 P.M.	{ Miscarriage; six months; severe flooding.
120	1		F.	V.	40	11½ A.M.	{ Forty-three years old; rigid os. Ether.
121	2	M.		V.	16	9 A.M.	{ Face presentation; cephalic version.
122	1	M.		V.	12	1 A.M.	{ Head rotated from right to left occipito-frontal. Ether.
123	2		F.	V.	4	3¼ A.M.	

TABLE I—*Continued.*

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	Remarks.
		Male.	Female.				
124	3	M.		V.	6	10 $\frac{1}{2}$ A.M.	Ether.
125	1		F.	V.	3 $\frac{1}{2}$	10 $\frac{3}{4}$ P.M.	
126	1	M.		V.	4	5 P.M.	Miscarriage; four months.
127	5		F.	V.	3	3 A.M.	
128	1	M.		V.	4	1 A.M.	
129	3		F.	V.	2	7 $\frac{1}{2}$ P.M.	
130	2	M.		V.	3	12 $\frac{1}{2}$ A.M.	Ether.
131	3		F.	V.	6	5 $\frac{1}{2}$ A.M.	Face; spontaneous version.
132	2		F.	V.	2	1 A.M.	
133	1	M.		V.	6	11 P.M.	
134	2		F.	V.	3	7 $\frac{1}{4}$ P.M.	
135	3		F.	V.	12	3 P.M.	
136	1		F.	V.	20	1 P.M.	{ Occipito-posterior; ether; forceps; adhered placenta.
137	3	M.		V.	6	4 $\frac{1}{4}$ A.M.	
138	1		F.	V.	5	12 P.M.	{ Convulsions second day; good recovery.
139	2		F.	V.	5	3 $\frac{1}{2}$ A.M.	
140	1		F.	V.	12	12 $\frac{1}{2}$ A.M.	Ether.
141	3		F.	V.	6	4 P.M.	
142	2	M.		V.	3	1 A.M.	
143	2	M.		V.	18	7 $\frac{1}{2}$ P.M.	Occiput posterior; forceps; ether.
144	3	M.		V.	3	7 $\frac{1}{2}$ A.M.	
145	1	M.		V.	48	2 P.M.	{ Placenta prævia (partial); forceps; child died. 7 $\frac{1}{2}$ months.
146	2		F.	V.	12	11 $\frac{3}{4}$ P.M.	
147	3	M.		V.	3	2 A.M.	{ Occiput posterior; forceps; adhered placenta; uterus inverted, returned at once; ether.
148	1	M.		V.	4	2 P.M.	
149	2	M.		V.	6	9 P.M.	Occiput posterior; ether.
150	1	M.		V.	12	6 $\frac{1}{2}$ P.M.	Forceps; ether; inertia of uterus.
151	2		F.	V.	3	2 A.M.	
152	2	M.		B & V	12	7 A.M.	Twins, six months, dead.
153	2		F.	V.	8	9 P.M.	Six months; dead.
154	1		F.	V.	6	10 A.M.	
155	2	M.		V.	5	12 $\frac{1}{2}$ A.M.	
156	2	M.		V.	12	10 P.M.	
157	2		F.	V.	6	5 P.M.	Ether; adhered placenta.
158	1		F.	B.	3	2 A.M.	
159	4	M.		H.	12	9 A.M.	{ Miscarriage; four months; no flooding.
160	6	M.		V.	6	10 P.M.	
161	1		F.	V.	7	3 A.M.	Ether.
162	1		F.	V.	5	1 A.M.	Puerperal fever; recovered.
163	1		F.	V.	10	11 $\frac{1}{2}$ A.M.	Ether.
							Convulsions; forceps; death.

TABLE I—Continued.

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	Remarks.
		Male.	Female.				
164	3		F.	V.	10	11 P.M.	Ether.
165	1		F.	V.	5	4 $\frac{1}{4}$ A.M.	
166	2		F.	V.	4	2 P.M.	
167	3	M.		V.	6	6 A.M.	Forceps.
168	1	M.		V.	12	4 A.M.	
169	2	M.		V.	8	9 P.M.	
170	6	M.		V.	8	2 P.M.	Placenta prævia; painful hemorrhage before called; perforated placenta, turned and delivered; child died; mother soon died.
171	1	M.	F.	V.	8	4 A.M.	
172	3		F.	V.	3	8 P.M.	Forceps; feeble pains.
173	2		F.	V.	9	9 $\frac{1}{2}$ A.M.	Albuminuria; dropsy; labor at eight months; mother and child did well.
174	1	M.		V.	8	6 $\frac{1}{4}$ A.M.	
175		M.		V.	2	8 P.M.	Forceps.
176	2	M.		V.	3	4 P.M.	Ether.
177	1	M.		V.	12	4 P.M.	
178	3		F.	V.	3	4 A.M.	Occiput posterior.
179	5		F.	V.	4	7 P.M.	
180	2		F.	V.	2	9 $\frac{1}{2}$ A.M.	
181	2	M.		V.	12	2 $\frac{1}{2}$ P.M.	Feeble pains; forceps.
182	1	M.		V.	12	11 $\frac{1}{2}$ P.M.	
183	5		F.	V.	4	8 P.M.	Forceps; ether.
184	3		F.	V.	6	12 M.	
185	1	M.		V.	24	7 A.M.	
186	5		F.	V.	1	4 $\frac{3}{4}$ P.M.	Ether.
187	3		F.	V.	4	7 A.M.	
188	3		F.	V.	4	5 A.M.	
189	1	M.		V.	12	4 A.M.	Ether.
190	3	M.		V.	6	12 M.	
191	4		F.	V.	4	6 A.M.	Ether.
192	1	M.		V.	3	8 A.M.	
193	1	M.		V.	14	6 A.M.	
194	1		F.	V.	10	6 $\frac{1}{2}$ A.M.	Stillborn; full term.
195	2	M.		V.	10	5 A.M.	
196	3	M.		V.	24	1 $\frac{1}{2}$ A.M.	Ether.
197	2	M.		V.	5	5 A.M.	
198	2	M.		V.	2	11 A.M.	
199	2	M.		V.	8	3 A.M.	Eight months; children lived three weeks.
200	4	M.	F.	V.	6	6 $\frac{1}{2}$ P.M.	
201	2		F.	V.	6	12 $\frac{1}{2}$ A.M.	
202	4		F.	V.	4	8 P.M.	Seven months; child lived.
203	1	M.		V.	48	11 P.M.	Forceps; inertia of uterus; ether.
204	3	M.		Arm.	36	5 P.M.	

TABLE II.

Males,	112
Females,	96
Twins,	4
Vertex presentations,	194
Breech "	8
Arm "	2
Face "	2
Occiput posterior,	6
Placenta prævia,	2
Prolapsed cord,	2
Internal hemorrhage,	2
Convulsions,	5
Ruptured uterus,	1
Inversion of uterus,	1
Version by feet,	2
Forceps used,	18
Anæsthetics,	37
Deaths of mothers:	
from rupture of uterus,	1
placenta prævia,	1
convulsions,	2
puerperal fever,	1
	— 5
Stillborn children (after seven months),	8
Abortions between three and seven months,	8
Births between 6 P.M. and 6 A.M.,	132
" " 6 A.M. and 6 P.M.,	72
Proportion of night births, about	$\frac{3}{4}$
Shortest labor,	1 hour.
Longest "	48 hours
Average of all,	8 $\frac{1}{2}$ "

REMARKS.

By comparing some of the averages brought out by these tables, it will be observed that the proportion of cases of convulsions, breech and face presentations, etc., is something greater than those given by authors on obstetrics generally. This is readily accounted for by the fact that several of these cases were first in the hands of others, and perhaps should not appear in this report at all; at least their presence tends to increase the apparent frequency of such cases in general practice.

My experience in the use of anæsthetics has been such as to cause me to place a high estimate upon their value in *protracted painful labors*, when there are no contraindications for their use. I am convinced that the frequency of the pains is often lessened by their use, particularly if given before the head has passed the os; yet even then, in cases where there is great rigidity of the os, and the labor is painful and slow, and the patient perhaps becoming nervous and anxious, the use of the anæsthetic, by its relaxing effect upon the rigid tissues, and soothing influence upon the patient, has been found highly beneficial. I seldom resort to its use until the head is about to pass into the vagina, and then rarely push its influence to complete anæsthesia. I generally discourage its employment in all cases where I find the parts in a favorable condition, and when I have reason to believe that the labor is not likely to be protracted beyond the usual average of time, preferring, if the woman have the necessary courage, that she be in a normal condition rather than stupefied by an anæsthetic.

The support of the perineum, which is thought of so much importance by some, I look upon as of little value in the prevention of lacerations. I never employ it for any such purpose, and have never had that accident occur. In cases of delay of the head at the inferior strait from rigidity of the perineum, I frequently apply warm fomentations, with, I conceive, good results.

I have always ligated the cord, but do not always apply the bandage, omitting it when I think it will be of no advantage; again, employing it when I feel the patient will be more comfortable for its use, which is not unfrequently the case.

A few of these cases are deserving of special notice. Case 89 was one of needless sacrifice of the mother from the culpable neglect of the physician first in charge. After the woman had been some twenty-four hours in labor, he abandoned the case, advising the family to send for another physician. Another was called, and I was sent for in consultation. The woman was found in a condition of great prostration. All pains had ceased some hours previously. On examination I found the os fully dilated, and by a partial introduction of the hand found a head presenting of such enormous proportions as to lead at once to the diagnosis of hydrocephalus. The head was immediately opened by a perforator, the escape of fully a quart of water being followed by such a collapse of the head as to permit of its ready extraction. In an at-

tempt to deliver the placenta the uterus was found ruptured, and the placenta had escaped into the peritoneal cavity, while portions of the small bowels coming down into the uterine cavity and vagina protruded from the vulva. The mother breathed her last in a few minutes after delivery. An early diagnosis in this case, with a timely resort to the necessary treatment, would no doubt have saved this woman's life.

Case 146 is one of importance, from illustrating how easily one of the most serious accidents of parturition, inversion of the uterus, may be induced. This was a case of second labor, in which, from an insufficiency of the expulsive force, the forceps were used under the influence of ether. Before the mother had fully recovered, an attempt was made to remove the placenta. Traction was made upon the cord, while the nurse was directed to produce friction and pressure over the uterus. The traction employed was not greater than that usually resorted to. The nurse soon remarked: "Now, doctor, it's 'going;'" when also the mother appeared to bear down powerfully, but as the afterbirth escaped from the vulva, there followed immediately a large, oval, hard body, to which the placenta adhered, and which was immediately recognized as an inverted uterus. Peeling off the adhered placenta, I immediately grasped the fundus of the organ in the hollow of the hand, and producing gradual upward pressure, I soon had the satisfaction of feeling the uterus return to its normal position and contracting down on my hand, which was now in its interior. The withdrawal of the hand being accompanied by contraction of the uterine walls, was followed by little or no hemorrhage, and the patient made an unusually good recovery.

From the experience of this case, I have since been in no haste in removing the placenta in cases where anæsthetics have been used, believing that the uterus is less prompt in its contractions in such cases, and have particularly avoided any downward pressure upon the uterus, thus forming the indentation of the fundus, the first step towards inversion.

This effort for determining the proportion of births during the night and day is the first I have seen, and shows that about two-thirds of all children are born between 6 P.M. and 6 A.M. These figures, however, cannot be relied upon for showing the actual amount of night-work which the physician is called upon to perform, as many cases born during the day he may have been called to during the night.

In the fatal case of placenta prævia a frightful hemorrhage

had taken place before I was called to the patient. I found her almost pulseless and still bleeding. Stimulants were freely employed, with the most indicated remedy,—*Ipecac.* An examination showed the os partially dilated, but very soft and dilatable. A perforation was immediately made through the placenta, the hand introduced, the feet grasped, the child turned and promptly extracted. In fifteen minutes the mother sank and died.

CLINICAL CASES.

BY S. SWAN, M.D.

FERRUM AND MORPHIA.

(Read before the Hahnemann Academy of Medicine.)

MRS. V., eight months pregnant and consumptive, had hemorrhage from the lungs, waking her from sleep; several mouthfuls of bright red blood of a slightly saltish taste, "bubbling up," as she expressed it, without effort, followed by a cough, with which she raised about as much more.

During the bleeding, and subsequently, she had had labor pains, which ceased after rising in the morning.

During the afternoon, cough and pains returned, the expectoration being one time simple white mucus, then clots of bloody mucus, and then free, bright blood, which poured out as if vomited.

The lower abdomen was very sore when coughing, and the pains seemed to be principally at that point.

Previous to this attack the child had laid across the lower abdomen, causing great discomfort, and inability to lie on either side; but its position had been changed to a vertex presentation by *Pulsatilla*. At this time, while in the same position, it was continually in motion, particularly during the hemorrhage, and the pressure downward caused frequent but ineffectual desire for stool.

After raising a quantity of blood, she became quite asthmatic.

The patient was very pale, lips white, and the ears almost transparent.

Gave Protosesquioxide of Iron 1m., with the most satisfactory result; the hemorrhage ceased, the cough was much less frequent, labor pains ceased, child became quiet, and the color returned to the *face and lips* as usual.

The Protosesquioxide, or Black Oxide of Iron, Fe_3O_4 , according to Fowne, is the scale that comes from iron when heated to redness, as in a blacksmith's forge. And the water from the forge-trough drank cured a hemorrhage during pregnancy.

The soreness in the hypogastric region when coughing, and the asthmatic condition after raising blood, also indicated iron.

Morphia.—The following case, reported to me by Dr. Laura Morgan, of San Francisco, California, a member of this Academy, is interesting on account of two symptoms it contains that are not in the proving of the drug prescribed.

CASE.—A lady, age not given, had *icy coldness of the sole of the left foot*, as though it was on cold oilcloth (as she expressed it), dull feeling in the head, and a *sensation as though the brain was dried and shrunk to the size of a small apple*.

No appetite for months.

For the last four or five nights has not been able to sleep at all.

Not being able to find the two marked symptoms, *Morphia pura* 1m. was prescribed for the sleeplessness.

The next afternoon she reported that her foot began in a half an hour to grow warm; her head felt better; at eight o'clock she felt drowsy and went to bed, and slept till eight in the morning; had a good appetite; eat a hearty breakfast, and declared herself entirely well.

The sensation of small feeling of the head is found in *Aconite*; warmth in the head which feels small to the touch; also waving and shaking of the brain.

Glonoine.—The brain feels as if it were smaller than the cavity of the cranium. Sensation of wobbling of the brain on leaning the head toward either shoulder.

Gratiola.—Sensation as if the brain contracted, and the head became smaller, with general feeling of discomfort.

Nux mosch.—Sensation as if the brain were loose, with wobbling on moving, as if it struck the sides of the head; on moving, as if the brain struck at the walls of the skull; sensation of looseness of the brain, when moving the head or walking; worse during hot weather; better during cold weather, and when sitting still.

Iac caninum.—Sensation as if the brain was alternately contracted and relaxed several times rapidly. (This symptom was also cured by *Calc. carb.*—Berridge.)

Sac lac.—Head feels contracted by pain.

Sensation as if the brain were loose or shaken belongs to quite a number of remedies, and the inference is that to feel loose it must feel smaller; but the sensation of being smaller or shrunken is mentioned in but few; thus

Staph.—Felt as if the brain was compressed, was standing off from the skull, and was lying in it loose.

China.—Sensation as if the brain was balancing to and fro, and was striking against the skull, occasioning great pain. Other remedies in which the symptom of looseness of the brain appears are Graph., Con., Rheum, Rhus t., Nux v., Am. carb., Carb. an., Magn. sulph., Rhod., Lye., Mur. ac., Nat. sulph., Cicuta, Kal. carb., Kal. nitr., Caust., Guaiac, Hyos., Bar. carb., Croc., Asa. f., Ars., Sepia, Stann., Kalmia.

But in none do we find so definite an idea of contraction as is expressed in the symptoms cured by Morphia, "as though the brain was dried and shrunken to the size of a small apple."

VERIFICATION OF AURUM AND BAPTISIA.

DEAR EDITOR: The inclosed verifications have been received too late for the second volume of the Encyclopedia; be kind enough to note them.

Now and then some one finds an omission of clinical symptoms. Please remind such that in future *no* symptoms will be admitted unless they have been obtained by proving the drug. No generalizations, no theories, no notions of physiological action, no post-mortem appearances can be received; all such must find place in a treatise by a philosopher.

T. F. ALLEN.

BAPTISIA TINCT.

Feeling as though the head were in pieces, and cannot get the pieces together in order to go to sleep. On attempting to go to sleep, feeling as though the head went off from the body and travelled round the room. Fancies many people are present. Sees a hideous old woman walking about the room; snakes coming down into the bed. All coming on when *attempting to go to sleep*.—J. B. BELL.

AURUM.

I have had cases of a dry spasmodic (or what I should call nervous) cough, peculiar to females, generally periodical, every

night, commencing at sunset, and continuing through the night, going off with the rising of the sun, and freedom from it during the day. Aurum²⁰⁰ cures every time. In the plain text, "cough for want of breath at night."—L. B. WELLS, Utica, N. Y.

REGARDING THE STUDY OF MATERIA MEDICA.

BY H. Y. OSTROM, M.D.

WE understand Materia Medica to be that branch of science which treats of the *nature, properties, and symptoms* of any substances used in the treatment of disease. To satisfy the requirements of this definition, all nature must be brought to our aid; *first*, as a source from which medicinal agents are obtained; *second*, as a means by which we discover the action of drugs.

For the better discussion of our subject we make three divisions, viz.:

I. The Nature of Drugs.

II. The Properties of Drugs.

III. The Symptoms of Drugs.

I. This classifies medicines, determining the kingdom to which they belong, animal, vegetable, or mineral, and the position therein occupied. Furthermore, it considers the intimate structure of a substance, that which makes a thing what it is.

From a scientific and educational standpoint it is evidently important that physicians be acquainted with the history of drugs; but such knowledge we recognize as especially valuable in promoting exactness in the study of Materia Medica, and in ascertaining the true action of medicinal agents. With a few exceptions, the manner in which our medicines are prepared for sale is unreliable, so that in the matter of potencies we are unable to say exactly what we purchase. Moreover, a number of persons are employed in their manufacture, and so susceptible are our attenuations to external influences, that each one doubtless imparts something of himself to the substances he prepares. It is to be feared also that our pharmacutists are not always sufficiently careful in selecting the crude materials they use. With these facts before us—the truth of which we think cannot be questioned—we perceive how essential it is for physicians to be able to select, gather, if opportunity offer, and prepare their own medicines. Nay,

more, so subtle and so delicate is their action, that those influences which we may consider of slight importance are not powerless to affect their administration; and therefore, to be absolutely certain of the symptoms, the mental and physical conditions at the time of preparation should be carefully noted. Physicians residing in the country frequently experience difficulty in obtaining medicines, and as a matter of convenience and economy, and at the same time as affording an opportunity to add fresh and reliable medicines to our *Materia Medica*, our remarks deserve consideration.

We therefore would see every physician his own pharmacist, for we believe such a course will aid us greatly in discovering the manner in which medicines act, and be efficacious in removing from our *Materia Medica* much that has crept in by carelessness in the preparation and proving of drugs.

A knowledge of the intimate structure of substances used in medicines is perhaps as important in forming a part of a scientific education as in the benefits that may accrue therefrom to the practice of medicine. It is desirable for physicians to know the composition of drugs, that they may recognize them by chemical and other tests when called upon to do so. As a medico-legal question this not infrequently occurs, and every practitioner should be able to decide a matter of this kind. Such knowledge is indispensable to a proper understanding of the chemical theory and its application in the cure of disease. For if the tissues are to be built up according to their principles, we must know the requirements of the system, and be able to satisfy them. Let it not be thought that we advocate this method of treatment; we simply consider it accessory to the truism homœopathy, and as a proof of the law, for it confirms on chemical grounds, what we have been led to suspect from the symptom of the case, even the deficient elements in the organism.

11. This refers to the manner in which medicinal agents affect substances with which they are brought in contact. The chemical properties need not, for apparent reasons, detain us; the organoliptic properties, or effect of drugs upon the living organism, alone claim our attention in this place.

The scientific bearing of investigations of this matter is too apparent to necessitate discussion. Neglect of them has been productive of much harm to our profession, in that it has brought the just reproach of ignorance upon its members, and tended to exclude medicine from among the exact sciences.

Every substance used in the treatment of disease has an action peculiar to itself, and spends its force upon some organ or group of organs.

Thus there are drugs affecting especially the circulation, the spinal cord, the vegetative system, the mucous tissues, the osseous tissue, and so on throughout the body. As a means, therefore, of arranging our *Materia Medica* upon a physiological basis, which we believe to be the true and scientific method, the study of the physiology of drugs must be regarded as a matter of the first importance.

The totality of the symptoms constitutes the main indication for the cure of diseases, but sometimes, indeed frequently, it is impossible to cure all with a remedy, and the physician is in perplexity, not knowing which group claims the first attention, or which should be regarded as characteristic; in other words, the key of the disease, pathology, indicates through the symptoms the principal part or parts affected, and the primary seat of the trouble. A knowledge of the organoliptic properties of drugs at once suggests a group of remedies applicable to the case in point, and further study reveals the similia.

The similarity which exists between drug and natural pathology is very intimate indeed. The changes made manifest by a certain train of symptoms must always be the same, it matters not by what caused. Circumstances may add and subtract, but sufficient will remain to indicate the nature and seat of the trouble. These departures from nature may be so minute as to elude our most delicate means of investigation, or they may be perceived with the naked eye; they may be caused by agents and influences naturally productive of disease, or owe their origin to medicinal substances; the effect must be the same, simply differing in degree. Certain pathological conditions are indicated by certain symptoms, and these symptoms as surely indicate the internal process. As a means, therefore, of facilitating the selection of the proper remedy, and rendering a prescription scientific and accurate, the physiological action of drugs occupies a prominent position in the study of *Materia Medica*.

III. By this we understand the subjective and objective indications of internal changes, which changes are the effect of medicinal substances upon animal life. The material of which our *Symptomen Codex* is composed is obtained mainly from three sources: Experiments on animals; clinical; provings on healthy human beings. Each possesses merits which

commend it as a method of study. Experiments with crude and massive doses of medicine are chiefly made upon animals, and the knowledge acquired in this way is most valuable. Of course the finer symptoms can no more be brought out by these provings than when heroic doses are given to men, but the general sphere of action, and even the special organs acted upon, may be learned from a carefully made proving. It is within the power of any physician to institute such experiments, and we cannot urge this method of studying *Materia Medica* too warmly upon the profession.

Clinical symptoms are unreliable and fallacious, for, as Hahnemann demonstrated long ago, we cannot tell where the natural disease ends and the drug disease begins, or the influence one may exert over the other. Though the clinical study of symptoms has not the exactness that it is desirable all scientific matters should possess, we, notwithstanding, gain therefrom much valuable information. Family physicians owe their success, in a great measure, to observations made at the bedside, for medicinal idiosyncrasies are the rule in families, and experience alone can discover peculiarities of this nature. A knowledge of the way in which medicines follow each other, the sequence of medicines, will many times save the physician much annoyance, and prevent him from making many blunders, often quite serious.

But we must place the most reliance on symptoms derived from provings made upon the healthy. Such, if the concomitants are carefully noted, must be absolutely trustworthy. Nothing exists to interfere with the legitimate action of the drug, for we are able to meet the natural with the drug disease, and thus effect a cure according to the homœopathic law. We cannot use too much care in recording these symptoms. The pell-mell, helter-skelter manner in which our *Materia Medica* is thrown together possesses the disadvantage of bringing confusion to the mind of one who would unravel the tangle, and gives him the most vague idea of that which he seeks to learn. Symptoms are not arranged according to their occurrence, nor is mention made of the external or internal influences by which they may have been effected. They are simply so many isolated facts, out of which the physician must make a connected story if he can. This is very good for a *Symptomen Codex*, but it is not *Materia Medica*. It treats of the symptoms of drugs, and nothing more; and the manner in which physiology is ignored is something surprising.

From this chaos of symptoms how can we notice order and learn the genius of the drug? To do so is certainly an arduous task, one requiring hard work, and one which is not always rewarded with success. Unfortunately the original provings of our medicines are not extensively circulated; indeed very few are published. But to them we must turn; from them we must learn the true action of the drug.

No rule of general value can be laid down for studying *Materia Medica*. Each physician should pursue that method which he has found to be most fruitful of good results; but it is very evident that he must, in a measure, become his own experimenter, until such time as we possess a *Materia Medica* worthy of the greatness of Homœopathy.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THIS Association will hold its regular Annual Meeting at Pittsburg, on the third Wednesday in September (Sept. 15th) next.

Members of the Society are particularly requested to make a note of the meeting, that they may prepare themselves to attend. It is very desirable indeed that the meeting should be largely attended, especially on account of the approach of the meeting of *The World's Homœopathic Convention*, which will be held in Philadelphia in June, 1876. It is important for other reasons also, that there should be a large turnout of the members, and that members should make every effort to interest graduated and qualified physicians in the Society, and induce them to join. A large and active State Society is not simply desirable, but it is almost a necessity in these days of hostile legislation in the interests of allopathy. Chairmen and members of scientific bureaus and committees are especially requested to enter actively upon their work, that the meeting may be a profitable one from a scientific standpoint.

Those who wish to become members should send their full name and address, and time and place of graduation, to either of the Secretaries.

P. DUDLEY,

Recording Secretary.

R. J. MCCLATCHY,

President.

M. M. WALKER,

Corresponding Secretary.

OBITUARY.

WILLIAM E. SAUNDERS, M.D.

DR. WILLIAM E. SAUNDERS, of Cleveland, Ohio, died at his residence in that city, on the 7th of March last, in the 36th year of his age. We had the pleasure of making the acquaintance of Dr. Saunders in 1869, and found him to be an intelligent and enterprising physician, and a most amiable and excellent gentleman. At a meeting of the Cleveland Academy of Medicine, the following appropriate preamble

and resolutions were adopted as expressive of the feeling of that association at the loss of their colleague :

WHEREAS, By the dispensation of Divine Providence, our late brother in the medical profession, Dr. W. E. Saunders, has been suddenly taken from our midst by death, and

WHEREAS, In his departure from this life, we regretfully recognize and lament the loss of a dearly beloved friend and arduous co-worker, whose absence will be keenly felt and sincerely deplored for his many kind and social qualities, for the high order of his intellectual abilities, extensive learning, and superior ability as a physician and surgeon ; and

WHEREAS, This sad bereavement will be felt with greater severity by his surviving family ; therefore

Resolved, That the members of the Cleveland Academy of Medicine and Surgery record with the most profound regret the death of our much admired and highly gifted fellow-member.

Resolved, That we tender to the family and relatives of our lamented friend and brother our sympathy in their grief and affliction.

Resolved, That a copy of these resolutions be presented to the family of the late Dr. W. E. Saunders as an indication of our sorrow on this melancholy occasion.

Resolved, That the members of this Academy attend his funeral in a body.

Resolved, That these resolutions be published in the daily papers of Cleveland.

PUBLICATIONS RECEIVED.

DOCTOR LOWE'S SACRIFICE, OR THE TRIUMPH OF HOMŒOPATHY. *London.* The Homœopathic Publishing Society, 1875, pp. 96.

This is an entertaining little story which has for its basis the advocacy of homœopathy. Whether homœopathy is benefited by such advocacy is a matter of opinion ; and we confess to the feeling that, in this country at least, it would be rather injured than otherwise by such publications. Although the work is published anonymously, it is understood to be from the prolific pen of Dr. Ruddock, and coming from him it is of course well written, and, as we before remarked, entertaining. It relates how the virtuous Dr. Lowe, who was convicted of error and converted to homœopathy, although condemned to undergo many pains and penalties on account of his medical heresy, including the loss of his sweetheart, who was the daughter of an allopathic high-toned M.D., yet finally triumphed over all his enemies, and married the girl of his choice ; while the bigoted old parent, who denied his daughter's hand to the homœopath, was finally reduced to the extremity of being cured of apoplectic seizure by a dose of homœopathic Belladonna, and becoming himself converted, gave his consent to the nuptials being celebrated. And the villainous Dr. Ogilvie, the representative allopath, foiled in all his schemes to destroy homœopathy and Dr. Lowe, came to grief of course, and had to eat humble pie in the shape of a check for one hundred pounds from Dr. Lowe.

Moral. Be homœopathic (and of course virtuous) and be happy. Be allopathic (and of course wicked), and be sure that Nemesis will overhaul you somewhere on the road of life and make you wish you hadn't.

Dr. Ruddock has done a great deal of good for homœopathy by his pen, but in our humble opinion he has missed it this time.

The work is on sale by Boericke & Tafel.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. *Tenth Annual Session*, held at Springfield, 1874. *Cleveland*: 1875. pp. 170.

This valuable publication shows a great deal of care on the part of the Secretary in preparing and arranging the materials for publication; and yet there is plenty of room for more vigorous pruning. Most of the papers furnished are of considerable value. Dr. Hamilton Ring contributes an excellent paper on "homœopathic pathology," which should be published in pamphlet form and widely circulated, as it would undoubtedly do much good. Dr. William Owens, of Cincinnati, presents a paper on the cure of *Fistula in Ano*, by means other than the knife or ligature. The Doctor claims to have had great success in curing these abominations, by introducing a tube like a trocar canula, to which is fitted a piston and rod,—the tube being filled to the extent of an inch or more with Vienna paste—into the fistulous pipe, until it is felt by the end of the finger introduced into the rectum, then withdrawn to the extent of half an inch, and the contents discharged into the fistula by means of the piston. The escharotic, it is claimed, destroys the fistulous pipe at once, and the fistula may be at once packed with lint to induce it to heal from the bottom. But fistulous pipes are not always straight, and sometimes even a fine probe cannot be introduced from the anal outlet to the rectal wall. Dr. Lewis Barnes and Dr. D. H. Beckwith present antagonizing papers on the use of Alcohol, Dr. Barnes opposing and Dr. Beckwith advocating its use. Both gentlemen recite facts, and both make statements which they would find considerable difficulty in proving by the aid of the most recent scientific investigations; and in the discussions that followed the reading of these papers, there was, as there usually is under similar circumstances, more heated nonsense talked than good logic or cool scientific discussion. Dr. J. Pettet furnishes an entertaining paper on *The Influence of the Imagination in the Proving of Drugs*, which is a very great influence indeed. Dr. J. C. Sanders has a capital paper on Tedious Labor. Dr. T. P. Wilson gives an admirable lecture on *Ophthalmology and other Modern Sciences*. Dr. C. H. von Tagen furnishes a valuable communication on *Otitis Parasitica*. Dr. W. A. Phillips gives a brief but excellent paper entitled *A Hint on Special Diseases*. Altogether, this is the best volume this Society has issued.

AN ADDRESS DELIVERED BEFORE THE RHODE ISLAND HOMŒOPATHIC SOCIETY, by I. Barrows, A.M., M.D., President of the Society, April 16th, 1875. Published by order of the Society.

In this brief address, Dr. Barrows takes up that damnable tale of the expulsion of physicians from the Massachusetts Medical Society on account of their practicing homœopathy, and handles the Fellows without gloves.

ANALYSIS OF ONE THOUSAND CASES OF SKIN DISEASE, WITH CASES AND REMARKS ON TREATMENT. By L. Duncan Bulkley, A.M., M.D. *Reprinted from the American Practitioner for May*. Pp. 29.

The author of this brochure is well known in this country as a dermatologist, the translator of Neumann, and editor of the *Archives of Dermatology*. He has here presented in brief one thousand cases of skin diseases, and a general view of treatment; and on reading these twenty-nine pages very carefully, we find them filled with most valuable hints and directions. Indeed, it is almost surprising to note, in these days of verbiage, how much valuable matter a practical man like Dr. Bulkley, who knows his subject well, can crowd into the small space of a twenty-nine page pamphlet. Every one interested in the treatment of diseases of the skin should procure a copy of this pamphlet.

THE HISTOLOGY AND HISTO-CHEMISTRY OF MAN. *A Treatise on the Elements of Composition and Structure of the Human Body.* By Heinrich Frey, Professor of Medicine in Zurich. Translated from the fourth German edition, by Arthur E. J. Barker, and revised by the Author. With 608 Engravings on wood. New York: D. Appleton & Co., 1875. Pp. 684.

The author of this treatise is well known and stands very high in Germany—a country famous above all others for eminent microscopists and histologists—and the work has reached a fourth edition in that country, which fact is of itself a sufficient testimonial of its excellence. The translator has given his readers the benefit of this fourth German edition, having had the use of the proofs as revised by the author, by means of which he was enabled to present the most recently gathered matter from many fields of investigation. We have, therefore, in this work, one of the best, if not the very best text-book of histology and histology-chemistry available to English readers.

In his *Introduction*, Professor Frey gives a brief history of the rise and progress of Histology. He pays a just tribute of remembrance to the name of Sæmmering; but to Bichat, whose career is memorable in the annals of medicine, yet who died at the early age of thirty-one, he attributes the most exact thorough and valuable investigations in minute anatomy up to that point at which the unaided vision permitted it to be prosecuted. "With Bichat there commenced and reached its zenith an epoch in histological research, which may be designated as that of *investigation without the microscope*—as that in which *the tissue elements still remained veiled in obscurity*;" for, although the microscope was in use in Bichat's time, and was freely used by Malpighi, Leeuwenhoek, and others, yet the instrument was so imperfect and unreliable, it is not surprising that the great Frenchman ignored its use. The construction of achromatic object-glasses for the microscope, however, ushered in a new era in histological research, and the hitherto clumsy and unreliable instrument became the means of gaining an insight into the essential nature of the tissue-elements, and of their combinations to form the various tissues. Among those famous as the founders of modern histology, our author enumerates Ehrenberg, Müller, Purkinje, R. Wagner, Valentin, and Henle. Schwann is regarded as the founder of the science of *Histogenesis*, as by him the cell was proved to be the starting-point of all animal structures. His studies have been ably followed up by those of Reichert, Kölliker, Remak, and others. The modifications which the tissues undergo in diseased conditions, or *pathological histology*, was investigated most closely by Müller, and he has found worthy followers in Virchow, Recklinghausen, Rindfleisch, and Cohnheim. Another branch, still in its infancy, viz., *comparative histology*, has furnished employment for the great talents of Müller, Siebold, Kölliker, Leydig, and others.

The study of the chemistry of the tissues, or *Histo-chemistry*, is of more recent origin even than histology. Its sphere lies in the consideration of the chemical constitution of the "structural elements," and consequently also of the tissues. It is engaged with the substances occurring in the latter, their introduction, origin, and the significance they possess in the life of the *form* and *tissue-elements*; it traces their metamorphoses, decomposition, and elimination. Among those who have especially distinguished themselves in this department of science, our author mentions Mulder, Donders, C. Schmidt, Lehmann, Hoppe, Kühne, and Schloss-brenner, the last named being the author of the first hand-book of histo-chemistry which scientific literature has produced.

The work is divided into three parts. Part I treats of *The Elements*

of *Composition and of Structure of the Body*. Part II is devoted to a consideration of the *Tissues of the Body*. Part III treats of the *Organs of the Body*.

Part I is divided into two sections, *Elements of Composition* and *Elements of Structure*. The former comprises: *a*, Albuminous or Protein Compounds; *b*, Hæmoglobulin; *c*, Histogenic Derivatives of the Albuminous Substances, or Albuminoids; *d*, The Fatty Acids and Fats; *e*, The Carbohydrates; *f*, Non-nitrogenous Acids; *g*, Nitrogenous Acids; *h*, Amides, Amide Acids, and Organic Bases; *i*, Animal Coloring Matter; *k*, Cyanogen Compounds; *l*, Mineral Constituents. The Elements of Structure are comprised under the heads: *a*, The Cell; and *b*, The Origin of the Remaining Elements of Tissue.

Part II, which treats of the *Tissues of the Body*, is divided into five sections, as follows: *a*, Tissues composed of Simple Cells with Fluid Intermediate Substance; *b*, Tissues composed of Simple Cells, with a Small amount of Solid Intermediate Substance (Epithelium, Nail); *c*, Tissues belonging to the Connective Substance Group; *d*, Tissues composed of Transformed, and as a rule Cohering Cells, with homogeneous, scanty, and more or less Solid Intermediate Substance (Enamel, Lens, and Muscle Tissue); and *e*, Composite Tissues (Nerve Tissue, Glandular Tissue, The Vessels, The Hair).

Part III considers the *Organs of the Body*, and to this study the author has applied the title *Topographical Histology*. It is divided into two sections, viz.: *a*, Organs of the Vegetative Type (Circulatory, Respiratory, Digestive, Urinary, and Generative Apparatus); and *b*, Organs of the Animal Group (the Bony, Muscular, Nervous, and Sensory Apparatus).

Our readers will observe, from this brief mention of the contents of this invaluable volume, the thoroughness with which Prof. Frey has devoted himself to his work. And they will also perceive how impossible it is for us to discuss any of the special points in the work, in the necessarily limited space afforded us for reviews. We can only sum up generally by saying that this is a work of very great merit, and one which will be invaluable to all physicians who are desirous of acquainting themselves with the most advanced discoveries in Histology and Histo-chemistry, a knowledge which, when acquired, cannot fail of being of great value to the intelligent practitioner.

The work is handsomely printed on fine white paper. It is profusely illustrated with clear and beautiful woodcuts, which add greatly to the value of the work by illustrating the text. A copious index completes the volume.

On sale by the publishers, and by J. B. Lippincott & Co., Philadelphia.

THE PROTOPLASMIC THEORY OF LIFE. By John Drysdale, M.D., Edinburgh, F.R.M.S., etc. London: Bailliere, Tindall & Cox. (On sale by Boericke & Tafel.) Pp. 288.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA, a Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by T. F. Allen, M.D., vol. II, pp. 640. *New York and Philadelphia*: Boericke & Tafel.

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES. By Edwin M. Hale, M.D., etc. Fourth edition, revised and enlarged. Volume I, SPECIAL SYMPTOMATOLOGY. *New York and Philadelphia*: Boericke & Tafel. Pp. 672.

These three valuable books will receive proper attention in our July issue. They are on sale by Boericke & Tafel, at any of their establishments.

EDITORIAL NOTES.

OUR COLLEGES.—The homœopathic colleges of the United States seem to be doing a flourishing business, notwithstanding the "hard times," as the following table, showing the number of graduates of each institution, indicates:

Hahnemann, Philadelphia,	52
New York Homœopathic,	38
Hahnemann, Chicago,	35
Boston University,	30
St. Louis Homœopathic,	27
Cleveland Hospital College,	24
Pulte, Cincinnati,	23
Detroit Homœopathic,	19
New York College for Women,	9
Total,	257

There were 203 graduates in 1873, and 183 in 1874.

The Hahnemann College of Philadelphia naturally heads the list, being the oldest college in the country. Its organization is much the same as last year. Prof. A. R. Thomas is the Dean, and Prof. O. B. Gause the Registrar. The two new professors appointed last year, Dr. B. F. Betts (*Physiology*), and Dr. E. A. Farrington (*Materia Medica*), are giving very satisfactory lectures in their departments. Dr. Betts's lectures on *Physiology* are characterized by thoroughness and accuracy, and he makes his subject interesting to the students. Dr. Farrington, in the chair of *Materia Medica*, is the "right man in the right place." He possesses the happy faculty of imparting knowledge of this important but uninteresting subject in a taking manner, and has made a hit as a teacher. Though still quite a young man, he is a worthy successor of Hering, Williamson, Guernsey, Lippe, Hempel, and Dake. Prof. Macfarlan's *Surgical Clinic* is excellent. A summer course is given, in which a number of the junior practitioners, aided by members of the faculty, deliver instructive lectures on special subjects. There is good prospect of the establishment of a large general homœopathic hospital in Philadelphia.

The Homœopathic College of New York goes on in the even tenor of its way, winning the confidence of the profession through its able corps of teachers. The Ophthalmic Hospital is a great card for this college, and soon it will have (we hope) another, in a large and successfully operated Surgical Hospital. The Fair recently held in New York netted a large sum in aid of the Surgical Hospital, and with such a professor of surgery as Helmuth, that branch must take a prominent place in the curriculum of instruction. The faculty of the college is not surpassed in ability by that of any other in the country. The commissioners of charities have voted that one of the hospitals on Blackwell's Island shall be under the control of homœopaths, and Professor Dowling, in his address at the commencement, stated that ten of the new graduates had volunteered their services as resident physicians for one year, free of charge, should the action of the commissioners be confirmed.

The Hahnemann College of Chicago.—This excellent institution had thirty-five graduates at its last commencement. On that occasion the valedictory address was delivered by the Professor of Chemistry. The professor delivered a unique address, and took occasion to give the medical profession a rather rough handling. He calls himself a *doctor* by *courtesy*, but he is certainly not a courteous doctor, nor a truthful one; for, while his address contains much that is unfortunately true, it also contains quite as much that is fortunately false. George A. Hall,

an able man, has the Chair of Obstetrics and Disease of Children; while Gynæcology is handed over to the competent hands of Professor Ludlam. Professor Ludlam has gone to Europe to rest and recruit, but expects to return in time to fill his place in the next year's session. While abroad he will no doubt attend the clinics of the famous European gynæcologists.

Boston University School of Medicine.—Although this school is but two years old, it had a graduating class of thirty at its last commencement, which is certainly very encouraging. Under its favorable auspices, and with an able corps of teachers, this college is bound to succeed. Professor Talbot, who is now tossing on the broad Atlantic, on his way to Europe, writes us concerning the institution as follows: "The school is a success, not only in the number of its students (131), but still more in the earnest thorough character thrown into their studies, and the general *esprit du corps* of the class. The commencement passed off well. Public exercises are the order in Philadelphia, but they have never been here. Last year we invited our friends to the college and conferred five diplomas. So many seemed interested that we this year held the commencement at Tremont Temple, and though the afternoon and evening gave us the most violent storm of the season, still we had fifteen hundred or more in our audience. Our summer term opens with fifty or sixty students, a larger number than we expected."

At the commencement Governor Gaston congratulated the University and Medical Faculty on the success which had attended their efforts, and expressed sincere wishes for their continued prosperity. Professor Henry D. Clarke delivered the valedictory.

Homœopathic College of Missouri.—This college held its commencement exercises, February 25th, in the presence of a large audience. The number of graduates was twenty-two. Clinics are held weekly at the Good Samaritan Hospital and the City Hospital, as well as daily in the college.

Cleveland Homœopathic Hospital College.—This, the second oldest college in the country, commences its twenty-fifth session on the 30th of September next. At its recent commencement there were twenty-four diplomas conferred. The college has a good faculty, excellent hospital facilities, and an abundance of clinics.

Pulte College of Cincinnati.—This growing school had a graduating class of twenty-three, and expects to do a still more flourishing business next year. Its faculty consists of a number of exceptionably able men, but they have lost a tower of strength by the return of Professor Holcombe to New Orleans. Its next session commences September 30th, 1875. Prof. William Owens is Dean, and Prof. J. D. Buck Registrar.

Detroit Homœopathic College.—This institution has had up-to-date work all the way, but appears to have done very well, having conferred nineteen diplomas at its last commencement. Professor Ellis and his colleagues are deserving of much credit, not only for their perseverance in maintaining their institution, but for fighting so vigorously for their rights in the matter of the establishment of the homœopathic professorships in the Michigan University, which is referred to elsewhere. *On dit*, that the Detroit school will be abandoned if the chairs of homœopathy in the University are filled.

New York College and Hospital for Women.—This school, which was founded by Dr. C. S. Lozier, who is Dean of the Faculty, is doing an excellent work. It has an able corps of professors, who are earnest as well as capable; and women may receive thorough medical instruction from them, such as will fit them for general or special medical practice. At the last commencement nine diplomas were conferred.

This brief notice of our colleges suffices to show that they are all in a flourishing condition. But there are steps in advance that must be taken—and taken in unison—and these are, to insist upon a three years' graded course (with examinations for advanced standing), and very carefully framed and guarded written examinations.

HOMŒOPATHY IN THE MICHIGAN UNIVERSITY.—There is at last a good prospect that the tax-payers of Michigan, of homœopathic proclivities, will have their just demands as to the establishment of a school of homœopathic medicine in connection with the State University, complied with by the Legislature. The following is the text of a bill establishing a homœopathic medical college at Ann Arbor, which passed both houses of the Legislature and has been signed by the Governor:

A Bill for the Establishment of a Homœopathic Medical Department of the University of Michigan.

SECTION 1. *The People of the State of Michigan enact:* The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College, as a branch or department of said University, which shall be located at Ann Arbor.

SECTION 2. The Treasurer of the State of Michigan shall, on the 1st day of January, one thousand eight hundred and seventy-six, pay out of the general fund, to the order of the Treasurer of the Board of Regents, the sum of \$6000, and the same amount on the 1st day of January of each year thereafter, which moneys shall be used by said Regents exclusively for the benefit of said department.

The defeat of this measure year after year was not due to the strength of the enemies of Homœopathy so much as to the dissensions of its friends. It is to be sincerely hoped that there will be no difficulties attending the selection of professors. Dr. Hempel writes us that having been requested to nominate professors, he had especially recommended Dr. Carroll Dunham—but, alas!

HOMŒOPATHY AND SMALL-POX IN CENTRAL NEW YORK.—Dr. William Henry Hoyt, of Syracuse, was recently appointed City Physician of that ancient and classic city, and at a recent meeting of the Board of Health, he submitted a report showing the prevalence of small-pox in the city, and the results of treatment. The table is an interesting one, and is as follows:

Cases reported, March 1st,	17
Reported to date, May 15th,	49
Total,	66

Of which 48 cases recovered and 18 cases died.

Thirty-seven cases were treated homœopathically and six died.

Twenty-four cases were treated non-homœopathically and ten died.

Five cases reported no medical attendance, two died.

There were under	1 year	3 cases	2 died.
Over 1 year and under	5 years	17 "	4 "
Over 5 years and under	10 "	12 "	2 "
Over 10 years and under	20 "	11 "	5 "
Over 20 years and under	30 "	10 "	2 "
Over 30 years and under	40 "	4 "	1 "
Over 40 years and upwards		9 "	2 "
Total,		66 "	18 "

COMMITTEE ON LEGISLATION.—The report of the Committee on Legislation to the American Institute of Homœopathy, is likely to be an interesting document, inasmuch as it will go over the issues of the recent attempt of the allopathic school to outflank the homœopathic by supple manipulations of legislators. In addition to the regular report of the committee, Dr. J. P. Dake, of Nashville, Tennessee, will present a special report, showing his individual views as to the situation. Dr. Dake writes us that "State Medicine in Tennessee is dead, stone dead." *Requiescat in pace.*

A SPELLING BEE was recently held in Syracuse, New York, at which our friend Dr. H. V. Miller, the excellent Secretary of that excellent Society, the Central New York, was the victor, and the recipient of the first prize, a Rogers group. The young lady who was his last competitor, being excited over the contest doubtless, put too much pin in yecept, and had to step down and out, leaving the Doctor master of the field. The first reference to the spelling bee that we have knowledge of is in the beautiful poem of the "Jolly Young Waterman," wherein that melancholic jolly young fellow says to his sweetheart:

"Never more at Chelsea ferry
Shall your Thomas take a *spell*."

THE DOCTORS OF SYRACUSE, homœopathic and allopathic, are having a warm time of it in anticipation of the dog days. Dr. Alfred Mercer, allopathist, in an address before his Medical Society, told what a liberal body of men his associates were, and how they did not exclude any one from membership on account of medical opinion or practice. Dr. W. A. Hawley, homœopathist, thinking the millennium was at hand, concluded he would like to join that society, and accordingly made formal application for membership. Hesoon found, however, that Dr. Mercer's remarks were only to be understood in a Pickwickian sense, and that the liberal principles of the allopathic society were not intended to be applied to homœopaths; they meant, in fact, that they would not exclude any one from membership on account of principles or practice, *provided* principles and practice were allopathic. Whereupon Dr. Hawley made a statement and Dr. Mercer rejoined, and now Dr. Hawley gives the thing up, after branding Dr. Mercer as a trickster and a man who is utterly unscrupulous as to what he writes or says in regard to this matter. Dr. Hawley should be more indulgent to the poor man. It is probable that he made his first statement honestly, and believed it to be true, but has had truth and honor crushed out of him by that all-powerful screw—the trades-unionism of the allopathic school.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.—This Association meets at Burlington, Vt., in its twenty-first annual session, on Wednesday, June 2d, 1875. It is earnestly desired that every member be present, and prepared to present a verbal or written report. The Secretary specially enjoins upon each member to exert himself to be present, and *bring his wife*. Members who have no wives will please take notice, and prepare themselves accordingly.

WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY.—This Society holds its eleventh annual meeting in the Newhall House, Milwaukee, on Thursday and Friday, June 24th and 25th, 1875. Judging from the

programme furnished us by the Secretary, Dr. Lewis Sherman, of Milwaukee, the meeting will be both pleasant and profitable.

NEW SOCIETIES ORGANIZED.—A State Homœopathic Medical Society has been formed in Delaware, and the following officers elected: *President*, I. Lukens, M.D., Newport; *Vice-President*, L. Kittinger, M.D., Wilmington; *Secretary and Treasurer*, J. M. Curtis, M.D., Wilmington; *Corresponding Secretary*, C. H. Lawton, M.D., Wilmington. This Society was organized in November, 1874, and meets quarterly.

A Society was organized in Baltimore, Md., in September last, and is in a flourishing condition. It has a membership of upwards of twenty, and the following officers: *President*, E. C. Price, M.D.; *Vice-President*, N. W. Kneass, M.D.; *Secretary*, J. S. Townsend, M.D.; *Treasurer*, Thomas Shearer, M.D.

INTERNATIONALE HOMŒOPATHISCHE PRESSE.—We have been notified that this journal has ceased to exchange with foreign journals, owing to pecuniary losses in the publication of the *Presse*. The publishers undoubtedly understand their own business best, or should do so, but to the ordinary mind this seems like mistaken policy, and the forerunner of a discontinuance of the publication *in toto*.

THE WORLD'S HOMŒOPATHIC CONVENTION.—Thanks to the indefatigable exertions of Dr. Carroll Dunham, Chairman of the Committee on the World's Homœopathic Convention, this great undertaking is beginning to shape itself, and gives fair promise of being a grand success. When the Convention meets in Philadelphia, in 1876, there will undoubtedly be quite a number of foreign homœopaths present, and the principal homœopathic associations will be represented by valuable literary contributions at least. Dr. Dunham has just received word from Austria that the reports from that country will be in on time, beyond a doubt.

"JOURNALISTIC MARRIAGES."—The *U. S. Medical Investigator*, in referring to the merging of certain journals, recommends Ohio and Philadelphia to do likewise. We have no objection to matrimony *per se*; but as the recent journalistic *marriages* were death-bed unions, we cannot regard them in the light of good examples.

PERSONAL.

CRAWFORD.—Dr. J. S. Crawford has located at 332 Penn Avenue, Pittsburg, Pa.

WOODS.—Dr. S. Woods has located at 316 Penn Avenue, Pittsburg, Pa.

These gentlemen graduated in the class of 1875, at the Hahnemann Medical College of Pennsylvania.

SEARLE.—Dr. W. S. Searle, of Brooklyn, N. Y., will hereafter spend the months of July and August at the United States Hotel, Saratoga, N. Y.

THAYER.—Dr. David Thayer, of Boston, has removed to No. 94 Boylston Street, opposite the Public Garden.

MINTON.—Dr. Henry Minton, of Brooklyn, has removed to 165 Joralemon Street, between Court and Cheston Streets.

NORTON.—Dr. George S. Norton, late Resident Surgeon of the New York Ophthalmic Hospital, has opened an office at 36 West Twenty-seventh Street, New York City, and will devote himself exclusively to the treatment of diseases of the eye and ear.

THE

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No. 12.

PATHOGENESIS OF EUPION.

Translated from the *Internationale Hom. Presse*, by S. LILIENTHAL, M.D.

Provers: Dr. Wahle, father; his son, his daughter; Dr. Bertoldi and others. In powder.

1. Vertigo, everything becomes black before her eyes.
Everything turns around with her when she changes position in bed.
Dulness of the head as if it were too full.
Confusion of the head ameliorated by compression.
5. In the morning heaviness and distress of the head (after twenty-four hours).
Loss of memory; ideas forsake her easily.
Heaviness of the head (after four days).
Headache, sensation as if the head were too full or rather as if the brain were tumefied (after three hours).
Pain, as if the head were ulcerated inside, with pulsation and shaking inwardly.
10. Headache, with vertigo and whirling round; pulsations and spasmodic sensations in the head; it totters greatly when walking about, and rest brings relief.
Malaise in straightening herself out, with great thirst and copious menstruation, and starting through all extremities; lancinating pains under the right breast, aggravated by breathing (3d day of the menses).
Headache, tearing, with painful pulsations in the forehead, so that she had to lie down; headache as after becoming drunk from beer (after a quarter of an hour).

Lancinating, tearing pains in occiput, tearing along the muscles of the left side of the nuchæ down to the back of the chest; she feels these lancinating pains with every breath in the centre of the chest, for three hours in the afternoon. When they disappeared she had pains in the front upper teeth as if they would fall out, and which by pressing the teeth together give the sensation as if they were loose, during sixteen hours. She feels after that a twitching pain in the middle of the left shoulder-blade, aggravated by every inspiration, and twitching in both temples at intervals (after three hours). V. S. 3 and 24.

15. Lancinating pains below the left parietal region.

Pressure and squeezing headache (after one hour and a quarter).

The tearing pains in the head attack also the teeth of the upper right maxilla (after three days).

Darting pains in the left temple (after four days).

A clawing pain in the left side of the occiput.

20. Dull pressive pain in the right side of the forehead from inside outwardly (after two hours).

Lancinating pains on the left side of the head.

Painful darts on the right side of the head, near the sutura sagittales.

Tearing pains in both temples, a sensation of continual pulling from one side to the other, more felt during rest, with the sensation as if the head were continually shaking from one side to the other.

Some darts in the middle of the vertex, which invade the whole head, causing great lassitude, so that she has to lie down. Great somnolence, and the eyes close involuntarily. After having rested some time, very painful darts starting in the hip-joint and shooting down the thighs. These darts radiate upwards to the right side, traverse the right shoulder down to the middle of the right arm, where they again produce some severe darts, then to the left arm, after which the arms fall down perfectly powerless. The darts radiate also from the articulation of the hip across the external abdominal walls to the genital organs, where it produces besides a sensation very painful, as if everything were drawn together, at the same time heat in the cheeks, without thirst, for five hours (after four days).

25. Some painful spots on the head, as if small furuncles would form (after one hour and a half).
Dull pressive pain in the right side of the forehead, from inside outwardly (after two hours).
Lancinating pressure on some spots of the forehead (after four hours).
Painful pressure above the arch of the right eyebrow, extending hence to a part of the brain and descending into the teeth of the superior maxilla of the same side (after three hours and a half).
Burning heat in the face towards evening, for several days.
30. When standing, hot flashes in the face with sweat of anguish, so that she is obliged to sit down.
Winking of the right eyelid, the eye becomes quite small; the upper eyelid is drawn down and can only be raised with great exertion; at the same time tensive stiffness in it with abundant lachrymation. Daylight increases the tears, whereas candlelight does not affect it; all objects appear pale. Commences after dinner and lasts for thirty-six hours.
Winking of the external angle of the left eye.
Frequent winking (trembling) of the right upper eyelid.
Lachrymation, more in the fresh air than in the room.
35. The eyes water and are dim, with frequent yawning (after four days).
Sensation in the eyes as if something hung before them, so that she has continually to rub them.
A kind of veil before the eyes.
Burning, pressive pains in the eye, with copious lachrymation.
Pressure in the eyes as if the globes would be pushed out.
40. Itching under the upper and lower eyelid of the right eye, so that she can hardly stop rubbing it a moment (after three days).
Everything appears pale, as if she had a thin veil before her eyes (after five days).
Pressing in the ears, as if wind were blown with force and for a long time into them, whereby the external parts are equally affected (after three hours).
Painful pressing in the right ear.
Shooting and tearing in the left ear, extending to the external temporal region (after two days).

45. Bleeding from the right nostril when blowing his nose.
 The left nostril is chapped and bleeds.
 The lips are painful as if they were excoriated ; they are dry.
 The upper lip is fissured and painful, as if stung to the quick.
 The lips and the throat are always dry, and still she has no thirst.
50. The gums between two hollow teeth are tumefied, painful, as if they were inflamed.
 The gums are painful, as if excoriated by the contact of food or drink.
 Bruised sensation in the gums of the upper right maxilla, only when touched.
 A tearing, drawing pain in the gums of the left superior maxilla (after two hours).
 The teeth cling together when the jaws are closed.
55. In the morning, sensation as if the teeth were implanted and sunken into some soft matter, without pain ; as soon as she takes something in her mouth this sensation disappears (for several days).
 Toothache ; a kind of numbness in the upper and lower left carious molars ; it appears immediately when lying down, and disappears when she rises and moves about in her room (after ten days).
 Lancinating pains in the inferior posterior molars ; they feel spongy and loose (after some days).
 The teeth on both sides are painful, as if they were loose, which is not the case.
 Ulcerative toothache, as if there was some ulcer below them, preventing her from eating.
60. The teeth of the upper right jaw pain as if they were loose, the gums swollen and scorbutic. Hot soup aggravates the pains.
 In the morning, an hour after rising, tearing in all the teeth, and pinching as with nails on the outside parts of the cheeks. The teeth on the left side are more painful than on the right side ; the tearing extends to the temple, with swelling of the cheek and upper lip, great chilliness and intercurrent heat (after twenty-four hours).
 Toothache, a kind of grumbling in the front teeth ; a sensation as if the gums became loose, and the teeth, which are firm, drop out (after thirty-six hours).

Tearing in the left upper teeth, extending to the nose of that side and to the forehead. The left cheek and nose are swollen, with general chilliness, followed by raw heat, during washing (after twenty-four hours).

Tongue and fauces pain as if they were sore.

65. Tongue red at the tip, covered with small red warts; the tip dry, the back covered with a thin, dirty-white coating.

The anterior part of the tongue rough like a grater.

The whole tongue looks red, and covered with raised nodules, like herring-roe.

Low inside at the right cheek a not painful hard nodule of the size of a pea.

Sensation in the mouth as if scalded by fat.

70. Dryness of the mouth at night, without thirst.

The hard palate pains as if sore, or as if the parts were raw, with dryness of the mouth and of the lips (after three days).

Sour taste in the mouth after eating, continuing for several days.

Putrid taste in the mouth; the tongue coated with a white mucus, and thirst.

In the morning, much white, bad-tasting mucus in the throat, expectorated after slight paroxysms of cough.

75. Immediately after taking the drug, frequent empty eructations, tasting like Eupion (for five hours).

At night, nausea up to 3 A.M., followed by sleep and dreaming; she awakes frightened, but falls back into her dreams again; for several nights.

Nausea, with eructations and taste of the remedy, the whole day.

Vomiturition, emanating from the lower part of the abdomen.

Twice in succession, dark-green, tasteless vomiting of mucus, followed by trembling of all extremities (after two drops of the first centesimal).

80. A bruised pain horizontally over the stomach, beginning in the evening between 9 and 10, continuing up to 11, when she falls asleep, and only awakes at 4 A.M., copiously perspiring, and her menses setting in five days too soon (compare S. 115).

Several consecutive stitches around the umbilicus.

On the right side of the abdomen, a dumb-aching pain,

with sensation of ulcerating, when touching the spot with her hand.

A painful movement in the right side of the abdomen, as from confined flatus (after a quarter of an hour).

In the muscles of the left side of the abdomen, from the pelvic bones obliquely downwards, a painful tension, similar to what she formerly felt during pregnancy.

85. Colic, frequently intermitting and recurring; after continuing three hours, copious white discharge from the vagina, continuing for several hours, but the colic ceased and did not return (after thirty-two hours).

Contracting pains in abdomen, so that she has to bend over, which gives relief; one day before menstruation.

On the left side of the abdomen, a pinching pain, as if a small part were pinched with a nail (after one hour).

Frequent borborygmi.

The abdomen pains during motion, as if ulcerated and inflamed (after several days).

90. In the left side of the abdomen, immediately over the crista ilii, when walking, raising the arm, or coughing, a severe pain, nearly taking her breath away; she feels nothing when at rest. After a few hours the pains move low down into the abdomen, and then pass off.

A twisting pain in the abdomen, continuing for five minutes, and recurring every quarter of an hour, ameliorated by squatting down in a heap (after a few days).

A very painful twisting and rolling (cramps) in abdomen, relieved by squatting down, followed by chill and nausea, finally vomiting of green mucus. After evacuation upwards and downwards the abdominal cramps decrease, but a still pain and malaise remain for a long while; continuing an hour and a half before breakfast.

Pressing pain deep in the abdomen, continuing for over a week.

She cannot walk straight on account of inflammatory pains in the abdomen; the pains are aggravated by coughing, sneezing, or cleaning the nose, even though she puts one foot over the other.

95. In left inguinal region, a squeezing-pressing pain, when quiet (after four hours).

Drawing and tearing in the rectum, aggravated during stool, which is natural.

A spasmodic, periodically returning pain an inch up in

the rectum, extending to the vagina, and producing also a spasmodic contracting pain.

Spasmodic pains a few inches up in the rectum, radiating upwards and downwards, extending downwards into the labia, with such severity that she cannot sit down. They pass off during the night, but return in the morning as soon as she gets up. She has to lie down at 10 P.M. of the third day; after sleeping for an hour, she awakes free from the pains, but complains of severe backache, with nausea, and the abdominal muscles pain at the touch, as if ulcerated, which continues for several days.

Stool every three to four days, with great straining and prolapsus ani.

100. Stool hard; she has to strain a great deal.

Inclination to stool, with great straining, but she passes nothing (second day).

No stool for three days.

Four times daily, hard and dry stools, with great straining each time.

Bloody stools.

105. Three to four times daily, bloody stools.

Dark blood in the painless stools.

Tenesmus; only a few tablespoonfuls of blood are passed per anum, when the tenesmus ceases.

In the morning, frequent tenesmus, but no stool follows, only, a cupful of blood is discharged, which weakens her greatly.

Hot urine, passed without pain.

110. Frequent inclination to urinate, but she passes only a little; worse when standing than when sitting.

Copious micturition.

Urine of the color of chestnuts, a few days before the menses.

Frequent and copious micturition, the urine of a lemon color, in several persons.

During urination, a sore pain between the labia.

115. Pains in the small of the back at noon, on the first day of her menses, worse on the right side than on the left, so that she can hardly move, with sensation of heat on the forehead.

On the first day of her menses, several consecutive, very painful stitches in the middle of the sole of her foot,

drawing her toes downwards; after half an hour the contractions of the soles and toes cease, but they are followed for a whole hour by severe abdominal colic, so that she has to squat down, followed by great lassitude and sleep.

During menstruation, writhing headache.

Severe backache during menstruation, so that she has to lean and support herself against something, which gives relief.

Copious menstrual discharge on the third day, with severe backache, painless pulsating in the head, crowding in the forehead, and a sensation as if the head were too full.

120. Cutting pains in abdomen during menstruation; when the pains cease, the discharge is always very copious. The blood looks red, and is very thin.

Copious and thin fluid menstrual discharge.

Menses set in four days too soon and too copious; it is rather a flooding (it was just the contrary before, slight on the first day and copious on the second and third days); at the same time, bruised sensation in the chest; when breathing, stitches under the sternum and in the heart, which also take her breath away; on the third day the pains decrease.

Four hours before the menses appear, severe palpitations, ceasing when the discharge begins.

One day before menstruation, backache, relieved by bending backwards, but continuing during her whole first day (which never was the case before).

125. After the flow intermitted for six hours, epistaxis from the right nostril when bending down, preceded by vertigo and dimness before the eyes.

The menses nearly cease on the third day; on the fourth day, at 9 A.M., she has nausea with salivation; she is very irritable, has no inclination to speak; this continues for ten minutes, then her courses appear again copiously for a few hours, and then all her troubles cease.

On the third day her courses cease, and she suffers from severe headache and chilliness; on the fourth day the flow returns copiously for a few hours, and the headache and chilliness cease.

During menstruation, deep in the abdomen a painful

twisting, extending to the rectum, intermitting and returning; as soon as the pains cease, the flooding sets in again. 2d day.

Painless, soft discharge (abortus?) through the vagina.

130. Copious leucorrhœa; it runs from her (after thirty hours); continues for twelve hours; remits in the evening; returns again after twenty-four hours in the morning, and only continues for a few hours.

A young woman who had not menstruated for nineteen weeks, took Eupion, 9th; after twenty-four hours severe cutting abdominal pains, emanating from the sacrum, as if something would press out from the genital parts; they passed over, and returned at intervals; after twenty-four hours she was well again, and the following night her courses appeared without any trouble.

Leucorrhœa eight days before her courses, coloring the linen yellow, and forming stains of the size of a sixpence on her chemise, with great lassitude, emaciation of the whole body, stitching pains in the soles of her feet when walking, with trembling over the whole body, felt only during rest (as if the whole body consisted of jelly), continuing for several days (after fourteen days).

Leucorrhœa in connection with backache; when this ceases, the discharge gushes out abruptly, with stitching pains in the forehead (after four days).

During a corroding pain on the right labium, a sense of oppression in the lower part of the chest, with sensation of soreness; very severe towards evening.

135. Pruritus pudendi is worst in the evening, with pain in the sternum, as if it were raw; when she touches it or turns over in bed, she can hardly bear the pain.

A burning-stinging itching and swelling between the labia, momentarily relieved by rubbing, afterwards the burning becomes more severe. After washing with cold water, the external genitals feel stiff and numb, with sensation of rawness and stiffness. (Compare 109, 110, 135, 137, 232; these are curative actions.)

The itching of the genitals penetrates the whole body; at night she cannot remain in bed, and must get up; worse when lying or sitting than during motion.

Mornings, sneezing, with fluent coryza, for several days.

Titillation on the right side of the larynx, causing a continual cough; after coughing out three or four times, which shortens his breath, he expectorates tasteless white mucus, and the dyspnœa ceases.

140. A spot of the size of a lentil on the internal right side of the larynx pains like a sore or if water drops continually on a sore place (fissure of fifteen years' standing, in a man of 54 years, cured by it).

Crawling sensation in the upper bronchi, causing a dry cough (after two hours and a half).

He has to sit up when coughing, with breaking out of perspiration.

Rough, scraping, metallic, dry cough, as if he had eaten rancid fat and taken brandy afterwards (after three hours).

Cough the whole day, with titillation in the chest, with gray, yellow, thick expectoration, tasting like rotten eggs.

145. She has to cough a long while, with tearing pains in the chest before she expectorates anything. Warm drinks ameliorate, but she feels short-breathed and weak.

Cough partly dry, partly easily expectorated, with yellow, greenish, sometimes foul-smelling expectoration, day and night, with great lassitude and thirst.

Pains in the chest, as if the centre of the sternum were pressed in, when at rest (after five minutes).

Pains in the chest; the whole chest pains as if ulcerated, aggravated by breathing; they begin in the afternoon, and continue till she goes to bed and falls asleep; in the morning, when awaking, the pains were gone, but the neck was stiff and painful; the pains went downwards between the shoulders.

Drawing-stitching pains between the shoulders; the whole breast feels dyspnœic, which continues for several hours.

150. When taking a deep inspiration and expanding the body, stitching pains in the middle of the chest; when breathing easily, it feels like an inflammatory pain in the chest.

Stitches in the left side, in the region of the upper second false rib, aggravated by inspiration (after seven days).

Three consecutive stitches in the left side below the short ribs, towards the heart.

Continual stitches at the inferior part of the sternum, without any influence on breathing.

Stitching pains under the right mamma, aggravated by breathing, lying, or walking, beginning at 7 P.M. and lasting till midnight, followed by stitches close under the heart, with malaise and hot rising from the stomach, as if she would vomit, but she did not. At 1 o'clock, waterbrash, then she fell asleep, and slept till after 5, when she awoke, bathed in perspiration.

155. She feels full in the chest, and has to breathe deeply to get air enough (evening).

Sensation in the chest as if everything were too tight; she cannot bear the pressure of her clothing; severe palpitation and anguish, when resting as well as when moving about, the whole afternoon.

Feeling of heaviness in the chest, when breathing (after four days).

Oppression in the middle of the chest, when stooping, as if it were too narrow, for several hours. The mammae increase in size, with pressive pains in them, as if something painful were drawn through them, with oppression of the chest, so that she had to inspire deeply, and had to rest twice on going upstairs, on account of shortness of breath.

160. Palpitation of the heart, with slow pulse; she believes the beat of her heart must be heard far off, with some oppression of the chest.

During her backache, some blood passed the vagina, although she had her courses only two weeks ago.

The backache commences at noon and continues till evening, when copious leucorrhœa with lassitude sets in, and continues, after twenty-four hours.

The pains in the back extend to the pelvis, and when she stoops she can hardly get up again; the sacrum pains as if it were broken.

The backache commences in the morning, and lasts the whole day (after three days).

165. Drawing pains in the back, aggravated by motion, but continuing the same when standing, sitting, or lying (after nine days).

She has to sit or lie down frequently, on account of severe backache.

Stitching-tearing pains, beginning in the small of the back, through the thighs and legs to the toes, extending also to the abdomen, like a pressure downwards, as if she were in labor, with frequent but fruitless inclination to stool (after twenty-four hours). After four hours of pain her menses set in very copiously, when the backache ceased, but the pains in the thighs continued till she went to bed. During that time she also had tearing pains in the face. (Compare S. 167 with 63, 102, 121, 123, 166, and 209.)

A node on the muscles of the neck, left side, two inches below the processus mastoideus, of the size of a hen's egg, burning and pulsating, and preventing her from turning the neck.

A tensive sensation of stiffness between the shoulders (after one hour).

170. Drawing between the shoulders, with horripilations.

The whole upper part of the body, especially the arms, pain as if they were tired.

A stitching pain in the left posterior axilla, increased by breathing.

From the upper, inner, right side of the arm, down to the elbow, a pain as if the muscles were clubbed away from the bones; she can hardly move the arm.

Drawing-tearing pain in the right humerus and below the elbow-joint, mornings.

175. Stitching under the left arm, when at rest.

In the right deltoid muscles several consecutive stitches, so that she loses all power in her arm (after sixty hours).

A paretic pain in the right arm, so that she has to cease sewing.

On the left forearm a small nodule of the size of a white bean, which gradually grows to the size of a hen's egg, becomes red, hot, and inflamed, as if it would break, but this does not happen. The node moves up to the elbow-joint, where it finally disappears.

On the inner upper side of the left forearm several consecutive stitches, radiating to the fingers (after two days).

180. Stitching pains begin on the forearm close to the elbow, pass around it and spread over all the fingers (after sixty hours).
Trembling of the right arm; she is unable to hold it firmly.
A drawing-stitching goes from the fingers up to the elbow, and causes a peculiar stitching in the centre of the forearm.
A yellow streak, as from nitric acid, on the back of the left index finger.
In the centre of the palm of the right hand a severe stitch, radiating to the elbow, and leaving a sensation of numbness for five minutes in the ring and little fingers.
185. The hands go to sleep easily.
In the joints of the middle finger of the right hand a painful drawing pain, with the sensation as if the heads of the joints were too big and had not room enough in their articular muscles (after half an hour).
From the upper end of the right hip a painful drawing to the middle of the thigh, where it ends with a painful stitch (after thirty-six hours).
Heaviness in the thighs; she cannot raise them well during motion, and at rest the sensation is one of pressure.
In both thighs a tensive pain, as if the skin and the muscles were too short, so that she can hardly go upstairs, and when she rises from a chair she has to walk lame for a little while, till she becomes used to motion.
190. On the posterior side of the thigh (from the neck of the femur to the hollow of the knee-joint) a painful sensation as if the muscles were torn from the bones; especially felt when ascending, stooping, or sitting, aggravated by the least touch, with the sensation as if the bone were affected.
Tearing pains from the knees to the feet, most severe in the feet.
In the morning stitching, burning, and twitching, beginning in the calves and going to the toes, most severe in the heel. In the evening the pains lessen in the calves, but jerking stitches in the heels continue. The pains cease gradually after an hour.
Burning pains in the calves, as if she had taken very

long walks (after three hours), in the evening till she goes to bed. When she awoke in the morning she felt nothing in her calves; but she had the same sensation in her thighs, preventing her from taking a long step or from standing. It feels as if the sinews in the thighs were too short (for twelve hours).

Drawing pain in the right calf; the muscles are painfully contracted as from a spasm (after five hours).

195. A tensive pain from the joints of the foot to the knee (after two hours).

Twitching pains in the left knee, radiating to the hollow of the knee.

In the right leg, from the external malleolus upwards, a stitching, pulling pain when at rest (after one hour).

In the joint of the right foot a pain as from luxation, continuing for some minutes when at rest (after four minutes).

Drawing-stitching in the right heel, running upwards to the calf, in the afternoon till bedtime (after seven days).

200. Heels feel as if she walked on needles; the pains in the calves cease by pressure.

Tearing and stitching in all muscles of the whole body, worst in the muscles of the arms and thighs, with great sleepiness and hot flashes. In bed, a great deal of dry heat in the lower extremities, and many painful glandular swellings in the inguinal region (after several days).

She cannot sleep the whole night on account of tearing in the extremities and restlessness in the legs.

Lassitude all over, she could rest all the time.

Sensation in the extremities as if some disease would set in there.

205. Feeble and tired all over, as from bruises (after a few days).

An electric shock through the whole body, so that she became frightened and could not understand where it came from, while sitting (after six days).

In the morning she feels well and easy all over; she hardly feels her body.

She feels pulsations all over her body while sitting quietly (after forty-five hours).

When turning from right to left the upper part of the body she feels black before her eyes, and she could

hardly see anything ; what she heard seemed as it appeared from a distance (continuing for five minutes) ; she also thought to feel a kind of spasm through her whole body, and when she became fully conscious, the right cheek was cold ; she felt a chilliness in her mouth, especially the right tip of the tongue felt cold, as well as the whole right side of the body, all of which passed off gradually (after eight hours).

210. In the evening in bed a great internal restlessness through the whole body ; every particle trembles, and is in a vibratory motion.

Restless sleep at night ; she throws herself about in bed the whole night and does not know why (after sixty hours).

Anxious dreams ; she passes a bridge with her child and is in danger of falling into the water with it ; a man comes and leads her over the bridge. When she awoke in the morning she was bathed in perspiration.

The whole night anxious dreams ; she falls from one dream into another, and still had slept enough in the morning.

215. Screams out in her sleep, with anxious dreams, and when she awakes her throat feels perfectly dry and she has to moisten it.

She dreams of disgusting things ; naked men and old women are around her.

She dreams of falling into an abyss, and feels anxious about it.

Anxious dreams the whole night ; she awakes from a dream, and when she falls asleep she dreams the same frightful thing again (the whole night).

Much yawning, with horripilations.

220. At 4 P.M. chilliness over the whole body, with tearing in the head and stitches in both temples, jumping hither and thither, so that she had to lie down. After a quarter of an hour's rest, and having taken some warm drink, chilliness and stitches ceased, without being followed by heat or thirst.

Horripilations the whole afternoon without consequent heat ; at night many foolish dreams, with throwing herself about in bed ; when she awakes she does not recollect her dreams, but has some headache.

Chilliness with headache; fulness in forehead and a drawing pain towards the temples (after four hours). The whole day chilliness, worse in the morning than in the afternoon, with stitching pains in the head and chest.

Chilliness without subsequent heat or thirst, with foul taste in the mouth.

225. Perspiration, also of a foul odor, even at the slightest motion.

Copious night-sweats towards morning.

When awaking at 5 A.M. she was in a perspiration, which is unusual with her.

At 3½ A.M. she is perspiring, and awakes with nausea and inclination to vomit, but she only throws up clear water. After rising, the nausea continues till she has taken something warm; she felt very weak at the same time; would like to go to bed again (after two days).

Towards noon (five hours after taking the drug) dry heat, without chill, and drawing pains in the small of the back. The heat continued for five hours, but the pains in the back for twenty-four hours, and were worse at night than in daytime. The pains in the back intermitted for twenty-four hours, and returned again at 4 A.M. in bed, in connection with a periodically returning pulling pain around the navel. No stool for twenty-four hours at that time, but regular the next time. During the pain in the back she had every twenty-four hours inclination to urinate, with pressing on the bladder, and passed copiously a pale urine.

230. Increased thirst.

She is very angry; she could cry for rage, and does not know why.

She is very irritable, and angers easily.

Cheerful, joyous disposition, unusual to her, for two days in succession. Obtuseness of the head, with dull drawing pains in the forehead and the anterior parts of the temples.

235. Drawing frontal pains (after one hour).

On the left superior part of the forehead a pain as if a lipoma would form (after two hours).

Burrowing pains in the forehead, with pressing down of

the upper eyelids, and moisture of the eyes as from tears; the pains extend to the maxilla, and to the left corner of the mouth. The anterior portion of the left temple is sore to the touch (after eleven hours).

Pressing pain, as if everything would be squeezed out of the forehead (after forty-five minutes).

A still burrowing pain in the forehead, with sensation of warmth in the eyes (beginning after fifteen hours, and continuing for twenty-four hours).

240. Three quickly succeeding stitches on the right side of the occiput, in the morning in bed (after fifteen hours).

A contracting pain, pressing out in the forehead (after forty-five minutes).

Several very painful stitches inside of the head (after half an hour).

Several subsequent stitches on the external margin of the left eye (after half an hour).

Great heat at the vertex, with the sensation, as if her hairs were pulled, with disagreeable headache; sometimes on the right temple, or on left one, or on both simultaneously, with lachrymation and drawing on the muscles of the neck.

245. Eyes weak, as if she had cried, and when lying down her head aches.

Œdematous swelling of the right upper eyelid, in the morning when waking up (after sixty-eight hours). The œdema increases during a walk in the fresh air; the lower eyelid also swells up, and then the left one. (Graphite⁶ brought quick amelioration and a cure after thirty-six hours).

A sensation of soreness in the upper inner nose by drawing air through the nostrils, in the evening (after twelve hours).

Bleeding from the left nostril; the blood looks bright red, thin and fluid (after four hours).

Bleeding from the left nostril reappears with greater force at 6 P.M. (He suffered for several days every morning, after having coughed several times during the night, from bleeding of the right nostril; the blood was bright red and thin fluid. Belladonna, which corresponded to the cough from a slight laryngeal inflammation, did nothing. Eupion⁶, a dose in the evening when retiring, and another dose in the

morning, removed the whole quickly, and Belladonna then acted well on the cough.—Dr. Held.)

250. Sensation of mucus in the throat, without expectoration. Dry tongue and throat, but without thirst, especially felt during inspiration, for several hours.

Painful drawing on the left lower border of the mandibula, continuing for several minutes (after four hours).

Sensation of dryness on the uvula, without thirst.

Pappy and sticky in the mouth early in the morning, although he had not taken any supper (after sixty-eight hours).

255. Sweet-sour eructations in the evening in bed (after eleven hours).

Eructations after sardines taken a few hours before, and great appetite.

Eructations and vomiturations and throwing up of food, in the evening (after eleven hours).

Eructations tasting after the food, and sensation as if the breath were retained in the pit of the stomach.

Bloatedness and sensation of fulness in the stomach, with internal chilliness in the evening (after twelve hours).

260. Bellyache, with sensation as if diarrhœa would follow (after five hours).

Flatulency, after passing flatus the pains cease.

Gurgling in the intestines, without any other trouble.

Cutting pains in the intestines; ceasing after passing flatus (after fourteen hours).

After a natural stool, itching in the rectum (after twenty-four hours).

265. Itching biting on the external genitals, as if the urine were acrid, continuing for several hours (after one hour and a half).

Repeated itching on the female sexual parts, which stops and comes again the whole day.

Menses a few days too soon, without the usual whites, which otherwise precede them for a few days.

In the first two nights of her courses sleeplessness without cause.

Scanty menses; the drawing abdominal pains towards the genital organs, which she has otherwise, did not appear.

270. Menses stopped for twenty-four hours; returned and kept on for two hours and a quarter, with the sensa-

tion as if the whole upper part of her body were wabbling from the short ribs to the head; she has lightly the same soaring sensation in her feet.

Frequent sneezing, 8-10 times in succession, with transient titillation in the upper part of the nose, evening. Sneezing; each time he cleans his nose the sneezing reappears.

A sensation below the larynx as if something was sticking there, with short, dry, hacking cough.

Hard, suffocating, dry cough, with stitching pains in the left chest, which returned regularly every winter.

275. A quickly passing stitch in the left lower chest, preventing breathing.

Some severe stitches in the left posterior upper chest, when writing (after five hours).

Stitches under the right mamma, in the skin (after five and half hours).

A quickly passing stitch in the centre of the left chest, with consecutive dry cough (after a quarter of an hour).

Pressing heaviness in the lumbar vertebræ, forenoon.

280. Frequent itching in the centre of the lumbar vertebræ, so that she has to scratch (after thirty hours).

Crampy pains in the muscles of the right arm, as if several muscular fasciculi were squeezed (after two hours).

In the joint of the right hand, twitching, periodically returning pains of luxation (after four hours).

Several stitches along the surface of the right index finger.

Drawing pains, either in the fingers, or in the left posterior apex of the scapula, or in the left axilla and in the left elbow-joint, or in the left leg; they continued for twenty-four hours (after two hours).

285. Stitches on the left anterior crest of the ilium when walking (after two hours).

A nervous pain in the left thigh when awake (after three hours).

A parietic pain of luxation in the right knee-joint when going down stairs (after three hours).

On account of severe cramps in the calves, she has to get out of her bed three or four times at night, and has to walk about for fifteen to thirty minutes; the toes are drawn upwards at the same time. (A person

who suffered for many years from these cramps was cured in a few days by a few doses Eupion³⁰.)

A sensation of warmth in the left anterior leg, as from the vapor of hot water (after five minutes).

290. Acute, very severe stitches, either in the knee-joint or in the joints of the foot, sometimes simultaneously in several joints, with sensation of internal heat, as if fever would set in (after fifty-two hours).

Great lassitude in all extremities, and frequent yawning, with sleepiness, soon after taking the drug in the forenoon.

Lassitude of the whole body, as if she had walked a long distance, sitting down feels pleasant, commencing in the morning and lasting all day.

Itching-biting in the skin of the whole body, as from fleas; relieved by scratching, but returning, in the forenoon.

Itching, beginning on the back of the right hand and spreading to different parts of the body, especially on the upper eyelids and forehead, where the hair begins to grow, beginning a quarter of an hour after taking the drug and continuing the whole day.

295. Great sleepiness towards noon.

In her dreams three oxen run after her, so that she awakes with severe palpitations.

He dreams, two nights in succession, that he suffers from a chronic, dry, fatiguing, consumptive cough, which he cured in twenty-four hours with one dose Eupion.

Frequent yawning, with internal horripilations, as if fever would set in.

Inward chilliness, with headache; more on the right side, and with thirst (after four hours).

300. Dry heat in bed, at 9 p.m., without thirst, with continual headache, with which she falls asleep, but wakes up with the same headache.

Antidotes: Aconite, Hepar, Mezereum, Myrtus communis, but neither wine, vinegar, nor coffee.

I am sure that the sphere of action of Eupion is not fully elucidated by this proving, and we would request provers everywhere to lend their valuable aid. I had several opportunities to prescribe Eupion with splendid results in sup-

pressed menstruation, and in amenorrhœa, where other well-indicated remedies failed to bring relief. I also gave it once in phthisis florida, appearing in a very scrofulous woman, after a so-called bilious pneumonia, with such success that she could be considered reconvalescent in twenty days.—Dr. Held. *Internationale Hom. Presse*, v. ii, 1875.

ULCUS VENTRICULI ROTUNDUM.

BY J. M. SCHLEY, M.D.

I OFFER the history of this case to the medical profession as one, perhaps, of some interest, owing to the intermittent type of its symptoms, this form being of rare occurrence.

John E., æt. 21, a strong, well-developed young man, sent for me, October 13th last, in the afternoon. I found him well covered up to his neck, having, besides the bedclothes, two shawls over him. On questioning him about so much covering, he said he had felt cold, but was getting warmer. He was just commencing to perspire, fever being pretty high, pulse 108. For the past two days he had felt very chilly in the afternoon, about 4 o'clock. This sensation would pass off in about half an hour, leaving him with a high fever, and about 8 P.M. he would break out in a profuse perspiration. He complained of a severe frontal headache, dryness and bad taste in mouth, pain in the lumbar region, and excruciating drawing and tearing pains in his legs, more especially in the calves; bowels constipated, with slight tenderness over epigastrium on pressure, and nausea when exacerbations came on in the afternoon; no vitium cordis; no increase in size of liver. About 2 o'clock in the morning these symptoms would leave him comparatively easy, with the exception of the pains in the legs.

This was the third day he had had these chilly sensations in the afternoon, etc., though for the last week he had not been well, having suffered from drowsiness, great lassitude, and anorexia. He had been exposed on the suburbs of the city during the summer, confined by his business a good deal in a cellar, where he would frequently get chilled through. His symptoms answered very closely to those of a gastrismus brought on by imprudence when overheated. R. Bryonia alb., 3d, four drops in a tumbler half full of water, a dessert-spoonful to be taken every hour.

October 14th, 9.50 A.M. No fever; found patient about the same; had slept very little during night, and complained of the calves of his legs very much; skin cool; pulse a little accelerated, and slightly frontal headache; complained of emptiness in stomach; had taken no food for a day and a half; the smell of anything to eat nauseated him; notwithstanding this, I ordered some beef tea, two tablespoonfuls to be taken at a time, and often repeated; continued medicine every two hours.

October 15th, 10.10 A.M. No fever; had a bad night; patient worse this morning. About 2 o'clock in the afternoon of yesterday patient was taken with nausea and vomiting; on inspecting the matter vomited, found several clots of dark-colored blood, which had just been thrown up; during the night he had several attacks of retching, sometimes succeeding in throwing off what was in the stomach, at others without avail; patient felt tired and weak; complained of pain over epigastrium near margin of the ribs on right side, better when knees are flexed, very painful on pressure; head about the same; pains in back and calves somewhat better; slight moisture of skin. My diagnosis was ulcer near the pyloric end of the stomach, where it most generally occurs. *Ipecac.*, 3d, four drops in a tumbler half full of water, every hour a dessert-spoonful.

October 16th, 10 A.M. No fever; patient has had several vomitings since yesterday, and on entering his room I found a basin beside his bed, with about a quart of pure fresh blood in it, which had just stopped pouring from him; during the night he had thrown up as much as a teacupful two or three times; patient looked very pale, and felt weak almost to fainting; he did not miss his afternoon exacerbation yesterday; his pulse is quick and small; skin cool and clammy; wants liquids all the time; drinks milk greedily; water was portioned out, being given to him only by the spoonful; tongue became dry very quickly; back and calves somewhat better; epigastrium very tender on pressure; muttered incoherently in his sleep. *Acid. nitr.*, ten drops in a tumbler two-thirds full of water, tasting strongly acid, a teaspoonful every fifteen minutes; *Moschus* I, a powder every two hours; pieces of cracked ice allowed to dissolve in his mouth; fresh milk to be given in small quantities at a time; he was to be kept flat on his back, and not allowed to move.

5.30 P.M. Feels better; has had no return of vomiting.

Fever less this afternoon than it has ever been, with chilly sensations at 4 o'clock.

"In such cases it is all-important to become master of the hemorrhage in the surest and quickest manner. These excessive bleedings endanger life in the highest degree, and demand means capable of forming a thrombus in the corroded blood-vessels. Besides cold applications, which are very essential, the mineral acids, taken only in a diluted condition, are capable of quickly forming a thrombus.

"To the coagulating power of mineral acids belongs their most potent actions. It depends upon the combination of the acid with the albumen of the blood. Acids can be taken by the most sensitive patients, having a happy effect upon the nausea, and relieving the incessant thirst."—Kafka.

October 17th, 9.45. No fever. Patient had a better night; was very drowsy; no vomiting. Nausea and giddiness only on raising his head from pillow. Tongue dry; thirst great. Pain in head almost gone. Pains in legs better. Less tenderness over epigastrium. Last night had a very dark, offensive stool. Discontinued Acid. nitr., leaving some to be given if any sign of blood returned. China., four drops in a tumbler half full of water; a dessertspoonful every hour.

5.40 P.M. A little chilly at 4; fever less, and no vomiting. At 2 P.M., dark, offensive stool, containing disintegrated blood; feels more comfortable. Food given regularly. Continued medicine every two hours.

October 18th, 11.10 A.M. No fever. Passed a very comfortable night; feels brighter and stronger. Tongue not so dry; less thirst, and feels like eating something. Soreness over epigastrium only on pressure. Stool this morning less offensive. Pains in legs gone. Could be propped up in bed with less giddiness and no nausea. Continued to take milk alternating with beef tea. China, 3d, every two hours.

October 19th, 11 A.M. Patient better. Craves something more to eat, and wants to get up. Thinks he is so much stronger. No febrile symptoms made their appearance yesterday afternoon. This morning had two loose watery operations. Diet restricted. Arsenicum 3d every two hours.

October 20th, 11.35 A.M. Continues to improve. Diarrhœa better; continued medicine.

October 21st, 10.50 A.M. On entering room, found patient sitting up dressed. Strength much improved. No pain over epigastrium on pressure. Pulse better and stronger. After

eating, feels no heaviness or pain in stomach. Bowels somewhat constipated; a vague, dull, heavy feeling in the frontal region. Warned him about diet and over-exertion for several days to come. Nux vom., 3d, three powders, one on going to bed every night. Discharged him. Three weeks after I saw patient, who looked hearty and strong, with a good color. No dyspeptic symptoms. No pain on or after eating. Considered himself entirely well.

The first time I saw patient, I was doubtful of my diagnosis, and not until I found him vomiting blood was my case perfectly plain to me. In one of the French journals we find a case related by a prominent physician of Bordeaux, who treated a patient for intermittent fever with large doses of Quinine, when he was suffering from an ulcer ventriculi. Death ensued by perforation and consecutive peritonitis.

POST-PARTUM ATTENTIONS TO THE MOTHER AND CHILD.

BY F. R. SCHMUCKER, M.D.

(Read before the Pennsylvania State Homœopathic Medical Society.)

BEFORE speaking of the care to be given to the mother and child after the termination of labor, it may not be irrelevant to the subject to refer briefly, first, to the use of instruments in order to expedite labor, and secondly, to the propriety of administering anæsthesia during labor, as doubtless the use or omission of both or either of these will often have a marked influence upon the subsequent condition of the mother, and perhaps even of the child.

Authorities and opinions differ very widely in regard to the use of *forceps*. Some hold that forceps should never be applied unless we are perfectly satisfied that the natural powers are not sufficient of themselves, with safety to the mother and child, to overcome the obstacles in the way of labor, which may be known by the appearance of definite symptoms of approaching danger. Others again argue just as strongly in favor of applying forceps at once whenever the second stage of labor ceases to be actively progressive; excepting, of course, when contraction or distortion of the pelvis absolutely necessitates turning or craniotomy, or when the os uteri is only partially dilated, and at the same time undilatable. Some even hold that it is not always necessary to wait until the os uteri is fully dilated before applying forceps. The *New York*

Medical Record a few years ago published a report of the use of forceps in various countries and by different medical men, as follows: In Great Britain, in 1 out of 249 cases; in France, 1 out of 140; in Germany, 1 out of 106. Simpson had used them in 1 out of 472 cases; Collins, 1 out of 720; Baudelocque, 1 out of 561; Ramsbotham, 1 out of 611; Madame La Chapelle, 1 out of 293; Madame Boivin, 1 out of 214. There are many successful practitioners of our own school of medicine who think forceps should be much more frequently resorted to. I know of one physician of Pittsburg, who has had a large obstetrical practice for many years, who states that he never goes to a case of labor without his forceps, and applies them under the influence of chloroform in nearly if not quite one-half of his cases, and that he has never known of any evil effects from this practice either upon the mother or child. The more general practice in that city amongst the prominent homœopathic physicians, and it seems to me the better practice, is not to apply forceps unless there is mechanical obstruction, or the condition of the patient requires speedy delivery.

Among authorities and practitioners there is almost as wide a difference of opinion upon the subject of employing chloroform in labor as there is in reference to the use of forceps. As a representative of one class I may cite Dr. Guernsey, who says that in instrumental labor, "the use of anæsthetics is particularly objectionable, since their use tends to increase the danger; for when pain is produced by pressure with the forceps we know all is not right, and hasten to correct the error; but where the patient is rendered unconscious by the use of anæsthetics, this valuable indication is lost." Dr. Simpson, on the other hand, as a representative of another class, recommends the use of chloroform unhesitatingly in all labors, whether natural or difficult. We believe that both these opinions are extreme, and that there is a very small proportion of difficult labors where the employment of an anæsthetic is justifiable. It should be resorted to, however, only in those cases in which forceps are used, and where the operation would be so extremely severe and exhausting that greater evil would probably result from letting the patient suffer the pain than from subjecting her to the influence of chloroform. The depressing effects of chloroform are quite well understood. It impedes the oxygenation of the blood. The blood need not show any change in color, but yet science has proved that

its property as an oxygen absorber is suspended. That this affects injuriously not only the mother but the child also, the investigations of Dr. Zweifel, of the obstetric clinic in Strasbourg, as contained in a late journal, seem to demonstrate. "His attention was first seriously arrested by perceiving in the breath of an infant, born a few hours before, a distinct odor of chloroform. The child had been abstracted while the mother was under the influence of the anæsthetic, but since the delivery had lain in a room by itself where no chloroform had been used." In other cases he testified as follows: "A fresh placenta that had just been expelled by a woman to whom chloroform had been administered for only about fifteen minutes, and more than an hour previously, was placed in a close-fitting vessel, having first been cleansed of all adhering clots. The following day when the vessel was opened a decided odor of chloroform was perceived, and further examination proved conclusively the presence of the drug." In these cases we may infer the patient was thoroughly under the influence of the chloroform. We are not informed as to whether the same test would hold good where, as is the usual practice, the patient is only partially under its influence.

After the expulsion of the child, care should be taken that it is placed in a comfortable position with reference to the mother, without making traction upon the cord. If respiration is not immediately established, artificial means must be resorted to. After removing all foreign matter from the child's mouth and nose, the accoucheur should pat its back with the palm of his hand, sprinkle it with cold water, or, if necessary, inflate its lungs artificially. After respiration is established, the cord should be cut about three inches from the abdomen, allowed to bleed for a few moments, and then ligated and the child handed to the nurse. Although I have adopted this plan, as practiced by many excellent obstetricians both in this country and in Europe, there are many who think that the ligature should be applied before section, and others again claim that it is better not to ligate at all. In the latter case, however, it is to be feared that dangerous and even fatal hemorrhage may ensue. Usually there will not be much hemorrhage, even though the cord be cut before ligating. A few years ago I attended a case of labor, vertex presentation, where, after expulsion of the child, I found the cord completely severed a few inches from the abdomen, and yet scarcely any hemorrhage ensued. There was a few moments'

delay before respiration commenced, but no bad results followed the premature severing of the cord.

Now we turn our attention to the mother. As soon as the child is delivered we may ascertain by palpation whether the womb is properly contracting, and if so, there is but little if any danger of an undue amount of hemorrhage. If now the placenta is found to be detached and expelled from the uterus, its immediate removal will give great comfort to the patient. Should it be adherent, however, authorities appear to differ as to the course to be pursued. In case of active hemorrhage, active mechanical means must be resorted to to stay the flooding, giving at the same time the properly indicated drug. Is it advisable or safe at this juncture to wait even for a moment for the action of the 200th or any other potency? Such a course does not seem rational when experience shows that the most clearly indicated drugs in disease very often disappoint us. Dr. Guernsey, in his excellent work on obstetrics, tells us that in this case, "*after relying upon the selected remedy as long as we may feel safe in doing so, the hand should be introduced into the uterus, and the attempt carefully made to insinuate the fingers between the placenta and the uterus, until the placenta is, if possible, entirely separated from the uterine surface, when it should be carefully scooped out.*" With the utmost respect for the author's opinion, we may ask: Why wait until our patient is in imminent danger before manual interference? Dr. Tyler Smith recommends the early removal of the adherent placenta. Where the life-blood of the patient is gradually flooding away, there should be no delay in breaking up the placental adhesions and removing the mass. Then if contractions do not take place and hemorrhage continues, various mechanical devices must be resorted to, at the same time giving such remedies as seem to be indicated. First, the uterus should be grasped and held firmly by the hand through the abdominal parietes. This excites the peristaltic and reflex action of the uterus and compresses the organ mechanically. When the uterus is got well under control in this manner, flooding to any great extent is impossible. At the same time cold or iced water may be dashed upon the vulva and abdomen. In some cases it may be necessary for the hand to be introduced into the uterus, and the internal surface excited with the knuckles of the closed hand. Injections of cold or iced water are sometimes resorted to with success. Better than these, perhaps, according to the experience

of T. H. Mann, M.D., of Rhode Island, and others, are hot-water injections. In using the hot water, Dr. Mann directs as follows: "1. Never stop with any less than one full quart, thrown in as continuous a stream as Davidson's syringe will admit of. 2. Use it as hot as can be borne by the patient without scalding, though not quite so hot as can be borne by the hand." Whenever coagula collect in the vagina they should be removed, as clots are a source of great irritation, and their presence tends to keep up hemorrhage. In post-partum floodings considerable quantities of brandy may be taken with the utmost benefit. The pelvis of the patient should be raised and the head depressed, the object being to retard flooding and supply the circulation of the brain. The patient should have an abundance of fresh air, as by fanning and from open windows. She should be kept quiet for some hours afterwards. I find it recommended by an English allopathic authority that in extreme cases a very excellent way of arresting hemorrhage is by taking a sponge threaded with some strong string, wash it in cold water, and then squeezing it into as small a compass as possible, introduce it into the uterus. The elasticity of the sponge keeps up a constant regular pressure upon the whole of the internal superficies of the uterus and stimulates it to contract. If the sponge should not be expelled for many hours, it is directed to inject a weak solution of carbolic acid both before and after its expulsion, to arrest fœtor. Another method recommended is by injecting a solution of one-half pint perchloride of iron to one and a half pints of water. As internal remedies, Dr. Burdick, of New York City, advises the giving of teaspoonful doses of brandy and water every five minutes. Others recommend *Cinnamon* in all cases. The more scientific plan, and therefore the best, is to prescribe according to symptoms. We shall find *Ipecacuanha* frequently indicated. *Erigeron*, *Sabina*, *China*, *Millefolium*, *Belladonna*, *Chamomilla*, *Hyoscyamus*, *Crocus*, *Secale*, and other remedies may be called for.

In the treatment of post-partum floodings we have two things requiring instant attention, one being the arrest of hemorrhage by uterine contraction, the other the keeping up the strength of the patient against the loss of blood.

The custom which has long been prevalent, of applying a body bandage immediately after delivery, is now thought by many to be entirely unnecessary. Most women deem it as absolutely indispensable as a preventive measure against

wrinkles and a permanently enlarged abdomen. No such virtue, however, belongs to this simple appliance, though its pressure upon the uterus may tend to prevent hemorrhage. If applied only moderately tight it can do no harm, and should be allowed if desired by the patient. At each succeeding visit special inquiry should be made as to whether the lochia are normal in quantity and consistence. In case the urine is not passed within a reasonable time, the catheter should be resorted to, and Arsenicum, Causticum, Stannum, or Hyoseyamus given internally, according to indications. The old-time practice which still prevails amongst most of the old school practitioners, of giving a cathartic about the third day, is now almost universally disapproved of by homœopathic physicians as unnecessary and even injurious. There is no occasion for interference, though the bowels remain unmoved for eight or nine days after delivery. If an evacuation is found necessary to be produced, the best practice is to give an injection, but this need only be resorted to in rare cases.

As a protection against sore nipples, a very simple yet often effectual arrangement consists in applying a shield made of the half of an English walnut, lined with yellow wax, moulded with the finger so as to fit over the nipple.

In case the woman does not nurse her child, it is necessary to guard as much as possible against lacteal secretion, by forbidding such food and drink as would tend to increase it. At the same time, warm, soft towels or cotton should be applied to the breasts, bathing the breasts with a solution of Phytolacca. Should the breasts become too much swollen, efforts should be made to empty them.

Attention should be given also to the surroundings of the patient. The bed-chamber should be well-aired and comfortably warm, being careful, however, that no draft pass over the patient. The woman should make no exertion during the first few days, and all company outside of the immediate family must be strictly prohibited.

The experience of numerous practitioners warrants me in saying that after the first day a generous diet is allowable, avoiding only such articles of food as are highly indigestible. Such food as usually agrees with the patient may be allowed.

Immediately after the delivery of the child a dose of Arnica may be given with benefit, especially when the woman complains greatly of soreness or a bruised feeling.

The pulse of a lying-in woman should not reach a hundred beats per minute. Strict cleanliness of the patient and bed should be enjoined, using freely of lukewarm water to cleanse the patient once or twice a day, and then drying her with warm towels, avoiding exposure to currents of air.

The after-pains may often be controlled, or at least modified by the properly indicated homœopathic remedy.

The woman, in most cases, should not be allowed to sit up before the ninth day, and in some instances not before two weeks, or even longer, though no absolute rule can be laid down to apply to all cases.

Now a few words in regard to attentions to be given to the child.

After the child is handed to the nurse, the operation of cleansing ought not to consume over five or six minutes—the water, blankets, and clothing being all well warmed, so that the child be exposed to cold as little as possible. The child's body should first be rubbed with a little oil, and then washed and thoroughly dried with a warm, soft towel. The physician should then promptly envelop the cord with a compress of fine linen or, what is still better, pieces of cotton batting, as recommended by Dr. Guernsey. The nurse then finishes the dressing, and the child, especially in winter-time, should be placed at once alongside of its mother, so as to be thoroughly warm. These precautions as to warmth, if carefully observed, will doubtless generally prevent attacks of infantile colic.

As a rule, the infant needs no artificial diet. The lacteal secretion of the mother's breasts is generally sufficient from the start to supply all its demands. A few hours after birth the child should be placed to the breast. The colostrum will not only act as a gentle purgative, but the child will become accustomed to nursing before the breasts become hard and distended with milk. At his subsequent visits the physician should make inquiry as to whether the child had passed urine and moved its bowels. In case of retention of urine, a warm bath may be of service. *Aconite* internally will probably relieve. If the meconium does not pass off naturally, *Nux v.*, *Bry.*, or *Puls.* may be called for.

In this paper I have not entered into the discussion of morbid conditions, any one of which might be of sufficient interest to be made the subject of a separate essay.

NOTABILIA.

(Read before the *Hom. Med. Society of Philadelphia.*)

SUGGESTIONS ON CHEST EXAMINATIONS.

SOME temperaments have greater expansibility than others; stout persons have less expansion than spare. The most difficult cases to get through examinations of the chest with are young women.—DR. M. M. WALKER.

I remember a case of drooping of one shoulder, and when it was made to straighten up the sounds changed. Both sides of the chest were natural, but when it drooped again there was produced a dull sound. The recumbent position varies the respiratory sounds from what are noticed in the erect position.—DR. P. DUDLEY.

The life insurance companies require expansion and contraction measure in males to be taken around and over the nipples.—DR. C. S. MIDDLETON.

Singers have wonderful expansibility, probably the greatest of any other class of persons.—DR. R. J. McCLATCHIEY.

We often find hepatizations in different parts of the lungs; they often occur in small local spots through the pulmonary structures. In post-mortems it is requisite that the lungs be cut well into and through, to see if any of these small hepatizations exist. This explains some of the cases of rapid consumption, and some that are said to be cured after they are considered to be far gone. The local hepatizations may be absorbed, and the apparently consumptive symptoms all disappear. To examine such a case one may be deceived, because there is resonance and respiratory murmur around these local obstructions.

I once knew a minister who apparently had consumption, with hæmoptysis, cough, and wasting away, and hectic. I was not the attendant, but an autopsy revealed the fact that he had not any pulmonary disease, but an aneurism of the aorta was found.—DR. B. W. JAMES.

I once had a patient who died of congestion of the liver, and yet there was an undeveloped consumption. The lungs were filled with minute tubercles scattered all through them, and yet the sounds were apparently normal. An ulceration of lungs may exist and the case die, and not be tubercular consumption.—DR. J. G. HOUARD.

I also remember the case of a prominent business man, who had hemorrhages frequently when a boy, and was then very

slim and delicate-looking, but in after years became well and heavy, and increased to 200 lb. weight, and died of typhoid fever.—DR. HOUARD.

I recall another case, one of Dr. Toothaker's cases. A large number of physicians said it was one of tubercular consumption. When he died a post-mortem examination was held, and a fine healthy pair of lungs were found. It turned out to be hepatic abscess opening through the diaphragm.—DR. HOUARD.

Most of the reputed cured cases of consumption I believe were small abscesses, and they heal in the lungs as well often as in any other part of the body.

I had a case in which a consultation of Brooklyn physicians said there was a circumscribed abscess in the lung, and it no doubt was. It got well under homœopathic treatment.

I attended a case in which an allopathist told the sufferer he had consumption. Dr. James and the late Dr. Conway advised the use of *Stannum met.*, and to be continued. I kept him constantly on this remedy and he recovered.—DR. P. DUDLEY.

With regard to the possibility of effecting cures in cases of lung diseases of a bad or supposed tubercular character, I refer the Scribe to the experience of the German pathologist who examined the lungs of one hundred soldiers who had died from other causes (supposed) than that of diseased lungs, and out of the one hundred cadavers there were but four that had healthy lungs, the ninety-six having more or less of disease of these organs.

Different cases of chest disease require different kinds of examinations. In very careful examinations, it is absolutely necessary that the patient has nothing more than one thin muslin garment on the chest. The examination must be made with the patient in different positions and attitudes. Another point to be attended to is, to excite the heart after a careful quiet examination, for instance, throwing up the arms quickly makes a rapid action of the heart. This is sometimes requisite to determine hypertrophy or valvular diseases. Then again you should have a perfectly quiet room to examine such cases in. No one can have a realizing sense of the never-ceasing noise until he tries carefully to listen to the sound of the heart and lungs. Direct aural examinations are the best. A medical writer has aptly said that when a stethoscope is used, there is a patient at one end and a fool at the other. Every

one that has used the tubular instrument knows the hollow sound like that of a shell that is observed in using it, and how it confuses the sounds you wish to notice. Even the solid piece of wood is objectionable. And the "binocular," as somebody has funnily called Camman's instrument, only doubles the confusion of sound.—DR. MCCLATCHEY.

EXTRACTS FROM THE JOURNAL OF THE HOMŒOPATHIC PHYSICIANS OF BERLIN.

Translated from Hirschel's *Klinik* (6, 1875) by S. LILIENTHAL, M.D.

FISCHER reports two cases of hygroma patellæ cured by Arnica. One case resisted the external application, but did well under the internal use of the same remedy. Maylander considers in hygroma all internal medication unnecessary. He pencils it with tinct. iod., and immediately afterward with a solution of Merc. cor., $\mathfrak{z}\frac{1}{2}$ to $\mathfrak{z}\text{j}$ water. Iodide of Mercury is thus produced and an adhesive inflammation; the affected knee is bandaged with a flannel roller, and the patient keeps the bed for a few days. One solitary pencilling suffices.

Fischer recommends Iodide of Mercury, 3d trit., internally for exudations in perityphlitis. It is generally acknowledged that Rhus fails in hydrocele, and he recommends Graphite. Deventer remarks that he has cured a sarcoma seroti in connection with secondary hydrocele on a syphilitic basis, with Aurum muriaticum.

Jacobi cured a severe case of paralysis of the facialis, which already existed for a week, in five days, with the second dilution of Ammonium phosphoricum. He also cured with the same remedy a contraction and stiffness of the second and third finger of the right hand, in a woman, who remained on that account for seven weeks in the hospital and was dismissed incurable. She recovered in a few days.

Deventer saw good effects in facial paralysis from Solanum vesicatorium in the 3d or 5th decimal dilution.

Fischer also reports a case of chronic nephritis, which, after the fruitless use of other remedies, received decided benefit from Calcarea sulphurica. He also uses Kalium chloratum with benefit in syphilitic plaques of the mouth and fauces. Sulzer remarks, that Natrum sulph., in the 10th dilution, acts often remarkably quick in diarrhœas, where other remedies have failed.

Zwingenberg sends a report of migraine, where his usual sheet-anchor, *Sanguinaria*, failed, cured by the second decimal dilution of *Oleum animale Dippelii*, five drops in warm water, a dose morning and evening. A lady, moving in the upper ranks of society, suffered always the day following a large and fashionable party, where she usually wore a heavy diadem on her head. The polyuria, of a perfectly clear urine, led the doctor to the application of Dippel's oil; in fact, in all nervous disorders this polyuria gives an indication for the oil. He cured a few years ago with the same oil an old asthma nervosum, for which he could not detect any organic basis, but which was caused by repelled foot-sweat. Another case of migraine was also cured by the same remedy. Scherer cured a case of migraine, with the characteristic symptom of coldness of the hands and feet, with *Arnica*.

Windelband reported a case of amaurosis in consequence of nephritis acuta. It set in suddenly and attacked both eyes. As the urine contained large quantities of albumen and cylinders, the cause of the amaurosis was clear. A solution of *Kali aceticum*, 6-8.0 in 180.0 water was ordered, a table-spoonful every two hours, and after taking the remedy steadily for two weeks, sight was fully restored, so that the woman could read the finest print with both eyes. The simultaneous use of *Belladonna*, followed by *Arsenic*, cannot come into account, as we have here a strongly chemical action, even to full alkalescence of the urine.

Fischer also reports a cure by *Cundurango*. A woman of sixty-five years vomited for years everything she took into her stomach, in consequence of which she became greatly emaciated and expected death. Numerous hard nodes could be felt in the left hypochondrium and in the epigastrium, and she complained of a constant burning pain in the affected region. So far everything had failed. Fischer, recollecting the cases of Professor Friedreich, prescribed the first decimal trituration. In the course of a few months the vomiting stopped, the appetite returned, she increased in flesh and the nodes disappeared except a few on the left side; at any rate the woman feels now well and is in good spirits.

Dr. W. Sorge reports on *Arnica montana*. Among others he mentions the following case: Miss Rösseler complains of considerable loss of visual power in the right eye. Seventeen days ago the cork of a bottle filled with Selters water flew at her eye, which was swollen for four days; since then she

sees as through a mist and cannot recognize at sixteen feet a letter of Snellen's charts on the wall, whereas she sees excellently with the other eye. Examination with the ophthalmoscope fails to reveal any abnormality. The pupil was moderately dilated and immovable, without a trace of exudation. The loss of visual power therefore cannot be caused by inflammation and exudation; we diagnose only a commotio retinæ and oculi ceteri. She took Arnica^{2x}, five drops three times a day, in water, and under its steady use the eye kept on improving. (The curative power of Arnica in commotio cerebri is well known from many clinical cases; as well as its well-deserved reputation in the absorption of hemorrhagic effusions in the brain.)

In diarrhœa *Arnica* gives us foul-smelling stools, foul eructations, meteorismus, lassitude, and ill-humor.

He cured a weakness of the rectum, showing itself for four months by prolapsus ani, with several doses per day of the pure tincture of Arnica.

The late Gaspari praised it highly for podagra and gout. He used the first dilution.

Calendula is more suitable for open wounds with many sugillations, and with severe chill after the injury. He was called to treat a severe injury of the eye. A crooked knife had opened the sclerotica, and choroidea and corpus vitreum protruded. He expected atrophica bulbi, but gave *Calendula* internally and externally. Under its use the eye retained its form and the power of recognizing large objects.

Zwingenberg remarked, that the external use of Arnica frequently produces an eczema. He uses Arnica internally and externally during every confinement, and since then has not seen a case of puerperal fever in his practice. (This is also our experience, nor have we seen any frightful hemorrhages post-partum. Our thanks are due to Grauvogl for this hint. —S. L.) Fischer affirms the benefit of Arnica during and after confinements.

Deventer uses the third dilution of the ethereal oil for the severe cramps of cholera patients, and for febris intermittens quartanæ. All injuries from heavy lifting, from exhausting labors, too long marching, hoarseness and aphonia from excessive speaking or singing, are benefited by it, and Zwingenberg recommends it as a prophylactic when persons have to use their voice for a long while. (We recollect well one evening when the late genial Dawson had to play "King

Lear" in spite of a general state of debility, engendered by constant labor. He took a tablespoonful of a solution of Arnica²⁰⁰ several times during each act, and was thus enabled to carry the performance to its end.—S. L.)

Cicuta virosa.—Deventer uses the second dilution in migraine, when Sanguinaria fails. He also reports a case of hydrocephalus acutus, where the child was apparently in its last agony, with convulsions and loss of sight and hearing, which was cured by Cicuta,³ but some idiocy remained. He also cured with it a case of trismus rheumaticus. Stens recommends Cicuta virosa²⁰⁰ in meningitis tuberculosa.

Fischer relieved a case of migraine, characterized by sour eructations and sour vomiting, with Natrum muriat.⁶ Windelband saw in some cases of migraine good success from Veratrum viride.²

Zwingenberg cured a case with Veratrin, where the old lady suffered from childhood on with dull headache; they were severe when they attacked the right side, but unbearable on the left side. The woman turned pale, cold, fainting. She also had frequently a fluttering of the heart, although the heart itself appeared sound. Sulzer reports: A porcelain painter suffered for two weeks from severe tearing and drawing in the whole head, especially centred in the left eye, whence the pains radiated over the left side of the head and ear. He already suffered for six days and was unable to sleep. The left eye is very sensitive to light; he can hardly open it even in the dark; pupil normal; profuse perspiration, as soon as he goes to bed. Veratrum album, 3d centesimal dilution, 15 drops in a wineglassful of water, a teaspoonful every one-half to one hour. After the third dose patient felt better, and slept without perspiring. Next day he only complained of a dull ache over the eyes, which passed off in a few days.

Deventer saw good effects from Causticum 2d, in polypus nasi, and advises not to forget the use of Glonoine in sun-stroke.

ALLEGHANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY R. E. CARUTHERS, M.D., SECRETARY.

HOMŒOPATHIC HOSPITAL, March 12th, 1875.

THE Society was called to order by the Vice-President, Dr. McClelland. Members present: Drs. Edmundson, Hofman, Rousseau, Ramage, Bingaman, Seip, McClelland, Cooper,

Burgher, Shannon, Willard, and Caruthers. Associate members: Messrs. Martin, Boley, and Woods.

The minutes of the last meeting were read and approved.

The names of S. Woods, M.D., and J. S. Crawford, M.D., were proposed for active, and Mr. Charles Hofman for associate membership.

Reports of committees:

Dr. McClelland presented the annual report of the Executive Committee for 1874. On motion, it was accepted, and ordered to be filed.

Dr. Cooper presented the regular monthly report of the same committee, which was also accepted.

Dr. McClelland offered a supplementary report, and presented the order of examinations of students as adopted by the Executive Committee.

The applicant must possess a good moral character and physical ability. He may present himself at any regular meeting of the committee, must make application in writing to the committee, and must present a thesis in his own handwriting. The examinations will be both written and oral, and will be in grammar, arithmetic, geography, history, and natural science. He must possess a fair knowledge of the Latin language. A certificate of qualification from any literary institution will be received as evidence of possessing the necessary ability.

Dr. Burgher offered the following amendment to the By-laws:

Resolved, That it shall be a prerequisite to associate membership, that the applicant shall present a certificate from the Executive Committee, showing that he has passed a satisfactory examination.

This was laid over, to be acted upon at the next meeting.

Dr. Burgher announced the death of J. H. P. Frost, M.D., and offered some remarks eulogistic of his professional life.

Dr. Cooper moved that the announcement be made a matter of record on the minutes of the Society.

Dr. Seip, essayist for the evening, presented the following essay, entitled:

ARGENTUM NITRICUM IN NERVOUS AFFECTIONS.

BY C. P. SEIP, M.D.

Some time ago I read, with a great deal of interest, Grauvogl's treatment of nervous affections with Argentum nitr-

cum. Since then I have had several interesting cases illustrating its use in that annoying and obstinate disease known as hypochondriasis.

I have no desire to advance any theory as to the *rationale* of its action, as to whether it relieves a deficiency in the blood and facilitates oxidation (homœopathic ozone-maker), or diminishes absorption of oxygen, thus impairing the blood, which deranges the action of the brain and ganglionic nerve-centres.

There is no doubt that many cases indicating its use are treated by other remedies, and the proper similimum is altogether overlooked. My object in presenting these cases is to call your attention to its applicability in this affection.

G. McC., æt. 27; married; occupation, a machinist. For two years has been very intemperate, in consequence of which domestic difficulties arose, and he left his family. For six months travelled through the Western States, working a day here and there, and the greater part of this time was under the influence of alcoholic stimulants. Feeling that he was failing in health, he returned home, wrecked both physically and mentally. From the day of his return home up to this time, a period of five months, he has drank no stimulant of any kind. He has for several years indulged in excessive venery. He now complains of great nervousness and prostration. He fears to be alone, because he thinks he will die; is apprehensive of some serious disease. Thinks he has softening of the brain, or some other incurable affection, which almost drives him to despair. Recently, while crossing a bridge, he had an almost irresistible desire to jump into the river; the nearer he came to a certain point, the more irresistible became the temptation. He firmly believes he would have committed suicide, had he not met some one and returned home. Is constantly talking about his sufferings; sleepless at night, and during the day is drowsy and has a stupid, weary look. He often awakes his wife or two-year old child, to have some one to talk to. In the morning has pain in the left side of the head, followed by vertigo, and on several occasions by momentary blindness. When walking he becomes faint with anxiety, which makes him walk the faster. At other times he fears, if he passes a certain corner or building, he will drop down and create a sensation; this is relieved by going in another direction. The depression of spirits usually comes on after eating a hearty meal, especially

after partaking of liquid food, such as milk or soups. Appetite fair, bowels regular, and no urinary trouble. Anxiety, with palpitation, and throbbing through the whole body, especially the head and abdomen. When sitting quiet, he frequently thinks his heart stops beating; suddenly he will feel two strong beats, that apparently arise from the stomach, and pass upwards into the head. At night he is troubled with throbbing in the head, which compels him to get out of bed; when he does sleep, he is annoyed with horrid dreams. Frequently has pains in the back and lower extremities, of a cramping character, especially in the left leg. Once during an attack of vertigo his left arm became paralyzed, and remained so for several days.

A careful physical examination of this case revealed no organic disease of any kind. Taking into consideration the absence of organic affections and the history of the case, I had no difficulty in coming to the conclusion that it was a clear case of hypochondriasis. After the use of various remedies, with little if any improvement, I was at a loss what to try next. Recollecting Grauvogl's experience with *Argentum nitricum* in nervous diseases, I compared the symptoms of this case with the pathogenetic symptoms of the remedy.

R. *Argent. nit.*, 2d trit., 5 grains to half ounce of water; 5 drops to be taken three times a day for one week. Tea and coffee were prohibited; the diet restricted to such articles of food as were most agreeable to him and easily digested. To abstain from sexual intercourse. I encouraged him, and showed him that I took a deep interest in his case, and thus gained his full confidence. Rapid improvement followed, and within six weeks he was entirely well, and has remained so up to this time, a period of four months.

The second case was that of a conductor on the railroad, aged 35 years, and married, of very intemperate habits, and addicted to excessive venery. Has had syphilis. Was at a water-cure for ten months, without deriving any permanent benefit. Two years ago first came under my care to be treated for "heart disease." At times has violent palpitation of the heart and throbbing in the abdomen, with great anxiety, and pains in both sides of the chest. Palpitation at night in bed; he must get up and go out of the house to get relief. Can sleep very little at night, but sleeps several hours during the day. He will not work, because he fears he is not able to stand it. When walking, he frequently gets nervous; thinks

he will have a fit, or die suddenly, which makes him walk faster; but must soon stop because he gets tired. Often he thinks his heart has stopped beating; suddenly it will give two or three strong beats, and then continue its normal action. Pulse when sitting quiet for a short time is 70, full and soft. He frequently remains in bed on the slightest pretext of being "indisposed." After treating this case for several months without any improvement, I gave him *Argentum nitricum* in the same manner as in the first case. He rapidly improved, and in a short time was able to resume his former occupation. At the end of five months, he commenced drinking again, and soon relapsed into his former condition. Since then he has not been under my care. Within the past few months he has twice attempted to commit suicide while on a "spree," and recently has disappeared altogether.

The third case is that of a young man, aged 18 years, who up to the spring of 1874, had enjoyed good health. He grew up very rapidly within the last year, and now measures 6 feet 2 inches. Weight 165 pounds. Has masturbated for two years. Last summer his friends noticed that he acted rather shyly, and that he was at times gloomy and irritable.

He had no appetite, and was troubled with sleeplessness and constipation. The family physician treated him for biliousness, with *earthartics*, followed by quinine and iron. At the end of three months, finding that he was getting no better, he came to the city for treatment. His general appearance was that of an imbecile, his conversation very childish, at times disconnected, would forget what he wanted to say, and then look around as if expecting some one to help him out. He does not work, because he thinks it will do him harm, or that he is not able to stand it. Says his legs are "shaky," and his hands tremble. Palpitation, with constant throbbing in the head. Cannot sleep at night because he is "so nervous." His sleep is disturbed at night with horrid dreams. Has left-sided headache in the morning for several hours. Complains of a constrictive pain in the forehead, as if a small spot, the size of a dime, were daily contracting and getting smaller, and thinks that as soon as it has "drawn together" he will be crazy. He feels now as if everything at home had changed, and that his mind is weak. The lower lumbar region is slightly sensitive to pressure. While coming to the city, he had an attack of palpitation, with anxiety and trembling, compelling him to get out of the wagon and walk, "and that

real fast too." The first four remedies employed were Phos. acid, Nux vom., Plat., and Macrotin.

In November, 1874, he got Argent. nit., third dilution, three drops, three times a day, for one week. I did not see him for three weeks; he then presented another appearance; he looked bright and cheerful, had a good appetite and slept well, only occasionally has an attack of palpitation, and the paroxysms of nervousness and trembling are not so frequent, nor of so long duration. The same remedy was given in the thirtieth potency, one dose a day. A few weeks ago I met him on the street, apparently well and happy.

The last case to which I wish to call your attention is that of a printer, and is given here just as received from him.

"In January, 1863, after attending a public supper at night, and eating heartily, was seized about ten o'clock next forenoon with confused vision; at first, whilst setting type, words began to join or run into each other, soon followed by inability to distinguish a word, then became blind and had to sit down. I grew very weak, and in a few hours felt as though I had been sick a week. Was treated by a homœopathic physician, and in a day or two had fully recovered from the attack. Soon after this, I never felt so well as before the attack; but in June, 1871, on entering my office, having gone upstairs rapidly, had a sensation as if struck a powerful blow upon the chest. I was greatly frightened at the time, but it soon passed off. A few days after, while seated at my desk, was seized with sudden trembling and vertigo, and became deathly pale, and almost blind. I imagined I was going to die; my nervous system rapidly weakened, and about every week I had a recurrence of these attacks, but not so violent. I began to have fits of despondency and all kinds of fanciful notions, for example, that whilst walking along the street, I could not pass a given point without falling. Frequently settled upon the time I should die. Great accumulation of gas in stomach, tasteless; when gas was forming, I was greatly distressed, melancholy, and nervous, relieved by belching. Appetite good, but nearly all kinds of food distressed, whether I was abstemious or ate heartily. Probably half a dozen times within the past year, my nerves were so unstrung that I got in a frenzy of excitement. When seized with these attacks did not desire to move or talk, but always sought a chair, and stubbornly stuck to it. Am very irritable when nervous. In 1871 and 1872, my sleep was much broken, especially the

forepart of the night, with horrible dreams ; now sleep well, but wake up with dull headache immediately over the eyes. Never have any palpitation of the heart, although I imagined I had heart disease. Never was intemperate. Complexion sallow ; dull expression of the eyes ; black moles before the eyes, especially before the right one. Frequent attacks of anxiety with weakness in the legs. These nervous attacks usually come on about 11 o'clock in the morning, relieved by a stimulating drink, about half an ounce of whisky. During conversation I frequently experience a difficulty in recalling the right words. Frequent sensation of constriction of the scalp, or as if something were tightly drawn down over the skull."

This case was entirely relieved of the most distressing symptoms, and feels so well now that he has not taken any medicine for some time.

I might add several more cases treated with Argent. nit., but think I have given enough to illustrate its use in this class of affections.

It was my intention to report a case of progressive locomotor ataxia from the case-book of Dr. H. Hofmann, but as the case is still under treatment, although the patient is now able to work, I thought it best to defer the report until some future time.

DISCUSSION.

Dr. McClelland wished to note the similarity to the symptoms produced by Aurum. In Argentum they are *afraid they will* commit suicide, while in Aurum there is a desire and attempt to do it. Thought the suicidal mania might be treated by Aurum and Argentum.

Dr. Burgher thought there were some valuable symptoms mentioned which are not met with in the books.

Dr. Seip: In all the cases quoted, when they got nervous while walking, they walked the faster. The patients do not want to go to work, because they are afraid they cannot stand it. The symptom mentioned, as of a small spot in the brain contracting, was very peculiar.

DISCUSSION ON DISEASES OF THE MONTH.

Dr. Hofman: The diseases are about the same as last month ; still had a good many cases of cough ; for a constant

dry, titillating, hacking cough, with lachrymation, cough day and night, had used Euphorbium.

Dr. Burgher had one or two cases of pneumonia; also one of erysipelas neonatorum; child four weeks old. The disease commenced on the right side of the face, and spread over the body; had several spasms; cried when urinating. Prescribed Apis 3d; rye flour allayed the irritation of the skin.

Dr. Hoffman had a case of a child nine days old, where the erysipelas commenced on the scrotum. In four or five days black spots appeared on the scrotum, and he died.

Dr. Burgher often had cases where it began on the scrotum or umbilicus, but this was the first one on the face.

Dr. Cooper had had more scarlet fever in three or four weeks than in nine months previously. The cases were all severe; one was malignant. Out of nine cases one died. Had used the usual remedies. In the case that died, the child was attacked on Friday night; on Sunday, the extremities were blue and cold; no rash; restless and conscious; unable to raise its head; at 4 P. M. it got Cuprum; at 10 P. M. the extremities were warm; not so restless, but still unconscious; gave Cuprum and Stramonium; in the morning was conscious, but there was opisthotonos; the severe symptoms returned in the afternoon, when he gave Ailanthus, but it was too late.

Dr. Willard had used Ailanthus in one case, with persistent vomiting, but the patient died of paralysis of the brain. A brother of this patient had the disease, with dark-red eruption, for which he got Muriatic acid. Had had a good many cases. One, followed by dropsy, was relieved by Apis; one that had discharges of blood per rectum, was relieved by turpentine; had also used Rhus tox., Belladonna, and Arsenic. Used warm bath when vomiting commenced, and if restlessness continued, greased the body.

Dr. Cooper thought the use of unguents beneficial in developing the eruption, and thus relieving internal organs from inflammatory action. Anything to keep the skin from drying was useful, not only in scarlatina but also in other affections.

Dr. McClelland had had no benefit from Ailanthus. Had many cases of scarlatina, some severe and others very slight. Has one case, complicated with diphtheria, where the roof of the mouth sloughed out. The sloughing process followed up the nasal duct to the lower eyelid; the fauces and tonsils are covered with membrane; there is a discharge from the ears.

The ulcers show no disposition to heal. The remedies used were Arsenic, Kali bich., and Lachesis.

He thought bathing was refreshing; used alcohol and lard, sometimes cocoa-butter. Had one malignant case which was taken with convulsions and died.

Dr. Seip had three cases of scarlatina, of which one died. Had used Stram., Rhus tox., and Hepar. The one that died became very weak, and the tongue swelled enormously, so that it suffocated the boy within seven hours.

Dr. Cooper: In most cases, during convalescence, there was suppuration of the ears. In one there was suppuration of the parotid glands.

Dr. Burgher met with otitis frequently.

Dr. Hofman thought it was due to the prevalence of sore throats. He reported a case of cerebro-spinal meningitis; was taken with vomiting and purging; in the evening spots came out; spasms, both tonic and clonic; pale bluish face; convulsive movement of extremities. Had given Cicuta with benefit.

Dr. Burgher had one case of cerebro-spinal meningitis relieved by Cicuta. He mentioned, as an interesting fact, that three-fourths of the inmates of the deaf and dumb asylums in Ohio are subjects of meningeal inflammation.

On motion, the discussion closed.

Dr. Ramage was appointed essayist for May.

On motion, adjourned.

HAHNEMANN ACADEMY OF MEDICINE.

THE regular meeting of this Society was held at the Ophthalmic Hospital, March 24th, 1875, the President, Dr. Finch, presiding.

After the usual business, Dr. Samuel Lilienthal read a paper on "Ferrum, and its Relation to other Remedies." (See June number.)

Dr. Swan then gave a case where Protosesquioxide of Iron 1^m was given; also another case, reported to him, where Morphia pura 1^m was prescribed. (See June number.)

Some general discussion followed. Dr. Burdick thought the fatty degeneration of Phosphorus was molecular, and all the tissues were impaired, and there is inability to act in all the muscular tissues; which is another reason why small wounds bleed easily from non-contraction of mouths of vessels in the muscles.

Dr. Lilienthal said for the same reason the sphincter remains open in diarrhœa.

Dr. Samuel A. Jones thought there was no line of thought where investigation had gone so short a distance as in the blood-making function of the body. The action of Phosphorus in hemorrhage was a paretic condition; but there are others too, as Nitrate of Silver. Why hemorrhage in one place and not in another; and why not in his favorite, Picric Acid? One mistake in Phosphorus is that the tallow-like grains in the stool come from fatty degeneration. He had proved that Phosphorus suspends the action of the pancreas. There is a better opportunity to investigate Sulph. of Quinine than other remedies, because old school researches prove it, and give us the weapons with which we vanquish them. Quinine acts upon the white corpuscles of the blood, and their action is entirely stilled, and, if enough is given, it will kill.

Dr. Lilienthal asked, "If such foolish notions as comparing remedies are beneficial or detrimental to homœopathy, shall we cure and if possible find how remedies act upon the body?"

Dr. Jones asked if the full force of Dr. Lilienthal's question was comprehended? There is a man of reputation who publicly proclaims such investigation of no use. If Professor Lippe could have his way, he would not allow another man to give such a paper as Dr. Lilienthal's. In Phosphorus the patient can't rise to an angle of 45° without vomiting, and the insignificant symptom of throwing up water, as soon as warm, may lead to a cure. I do not know how or why; but I am glad, in such cases, to use the symptom. In others "we can read between the lines," as the Germans say. I know that last winter the substratum of all diseases was rheumatic. My little boy one night sprang bolt upright in bed, in great terror, crying to have that great gobbler taken away. Stramonium and Cina were suggested; same week several other children were taken in the same way; could not help them. Thought over the case, and made up my mind that they were rheumatic, and Cimicifuga was suggested from the terror in the face, as in delirium tremens, which never fails with Cimicifuga low. Same thing again this winter, yet there are not strict indications for it in provings. We must know what we are doing, or how, or fall behind in the race.

Dr. Lilienthal said Cimicifuga was grand in rheumatism and insanity.

Dr. Finch would like the physiological and anti-physiological side of the question fully discussed.

Dr. Lilienthal moved that Dr. Burdick take the chair that we may hear from Dr. Finch. He (Dr. Lilienthal) was pleased to hear Dr. Jones speak for both sides. He also said there are two symptoms in *Lycopus Virginicus*, which, if certain, present all the symptoms of Basedow's disease, which is of nervous origin, a stagnation. He did not believe *Ferrum* homœopathic to it.

Dr. Burdick said truth investigated never loses, hence all investigation into homœopathy adds to it, raises it higher from the foundation-stone. The more we know of the physiological action the better, in

connection with symptoms. He had a patient several months ago, suffering from great debility in connection with ulcerated sore throat; as *disagreeable-looking* an ulcer as he ever saw; the whole pharynx one mass of eaten-in tissue, also large quantities of albumen in the urine. She was very much improved after some time; throat healed, health restored. She went home, and after a few weeks was caught in a rain, and took cold; her physician, an allopath, gave her iron; he presumed the *mur. tinct.* of iron. In two weeks it killed her. What was the real cause of her death? She improved wonderfully during the first week, then run right down, and died at the end of the second week.

Dr. Jones said Trousseau used to give it "to build up debilitated women, both married and unmarried. But in a most solemn, impressive revocation, after twelve years use of it, he said he believed he had caused desolation in many families, and abjured its use in large doses."

Dr. Lilienthal said the best action of iron was in uncomplicated cases; if there are any complications, it is of no use.

Dr. Swan asked Dr. Burdick what he thought was the cause of the woman's death? He thought iron was.

Dr. Lilienthal thought the ulcerated sore throat was only a local manifestation of general disease from a blood dycrasia; he had removed the albumen from the urine, and cured the local disease, hence when iron, which kills the red globules of the blood, was given, leucæmia was induced and she succumbed. Blood and nervous diseases all go hand in hand.

Dr. Swan moved that a committee of three be appointed to discuss the propriety of obtaining a fund for the Society by a yearly donation, or otherwise, to publish and send to the members the Transactions of the Society. Carried.

CLARA C. PLIMPTON, M.D.,
Recording Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE meeting of the American Institute of Homœopathy at Put-in-Bay was largely attended, and the bureaus, as a general thing, presented valuable papers. Sectional meetings were held by the Bureau of Ophthalmology, Otology, and Laryngology, and the Bureau of Clinical Medicine. At these meetings the papers were well and thoroughly discussed. The papers and discussions of the first-named of these bureaus are particularly interesting and valuable, as the forthcoming volume of Transactions will show. During the sessions of the Institute there were no discussions of scientific subjects, or next to none. The report of the Bureau of Materia Medica will, in all probability, prove to be the most valuable production of

the Institute since its organization. The coming annual volume of the Association will be a valuable work.

The Institute will meet next year in Philadelphia (June 26th) as "The World's Homœopathic Convention." The following officers were elected: Carroll Dunham, Irvington, N. Y., *President*; E. C. Franklin, St. Louis, *Vice-President*; R. J. McClatchey, Philadelphia, *General Secretary*; T. C. Duncan, Chicago, *Provisional Secretary*; E. M. Kellogg, New York, *Treasurer*.

The bureaus appointed at the meeting will hold over and make their reports in 1877. The business of the World's Convention will consist in a short session for the election of officers to serve at the meeting of the Institute in 1877, and the election of new members, and the hearing of reports on homœopathy from all parts of the world, and scientific essays prepared by regularly appointed essayists at home and abroad.

In order to meet the extra expenses of the Convention, an extra assessment of \$2.50 was levied upon each member, and in addition thereto assessments will be made in the several States, under the management of a State committee. It is hoped and expected that this money will be paid to the Treasurer prior to January 1st, 1876.

The proceedings and papers of the Put-in-Bay meeting have already gone into the printer's hands, and the volume will be pushed through the press with as much expedition as possible. Papers not in the Secretary's hands by July 20th will be excluded necessarily.

FLATULENT DISTENSION OF THE STOMACH.*

THE flatulent distension, when caused by too hasty eating, may often be relieved by effervescent liquids which cause eructations; or the same effect may follow the drinking of warm black coffee or tea, or by the application of cold compresses over the gastric region. The medicines most useful in these cases are *Nux vomica* 3 every half hour or every hour. Where the feeling of distension is great, and eructation difficult, *Asa-fetida* 3; where there is tenderness of the stomach and no ructus, *Magnes carb.* 3, or *Magnus mur.* 3. The patient should also be cautioned to eat slowly.

* By Kafka, from the British Journal of Homœopathy, July, 1875.

When the meteorism is caused by the decomposition of food in the stomach a different treatment is required. When fruit causes flatulent distension, the remedies are *Puls.*, *Verat.*, or *Bry.* In bad cases *Ars.* and *Carb. v.* are often of use. If green vegetables are the cause, *Natr. carb.* or *Lycop.* will be indicated. Flatulence produced by coffee is usually relieved by *Nux vom.* or *Ignat.* That caused by sour things yields to *Sepia*, *Sulph.*, or *Ant. crud.* When the ingestion of fat food, pastry, potatoes, nuts, cabbage, new beer, sour wine, etc., causes flatulence, sour eructations or heartburn, the remedies are *Nux vom.*, *Puls.*, *Carb. v.*, *Magnes mur.*, and *Sulph.* When alcoholic drinks, effervescent waters or wines, sweets or sugar plums cause flatulence and pain, *Nux vom.*, *Natr. mur.*, and *Lycop.* are the most reliable remedies. After eating black bread, nuts, lard, or bacon, flatulence accompanied with eructations smelling like rotten eggs often occurs; this is relieved by *Lycop.*, *Bry.*, *Carb. veg.*, *Puls.*, or *Colchicum.* The employment of warm or cold compresses often assists the cure. When food or drink has been taken in excessive quantities, and flatulent distension thereby occasioned, and more particularly when the distress has been caused by drinking too much beer, effervescent water or wine, then we must give *Nux vom.* or *Carb. v.* Excessive water drinking will often have a similar bad effect; *Rhus tox.* or *Arsen.* are then the remedies.

A surfeit of fat or flatulent food, along with an extravagant quantity of beer, wine, or water will often cause great flatulent distension, extending to the bowels, often amounting to tympanitis. The enormous distension often pushes up the diaphragm, causing dyspnoea and stupefaction; and by its pressure on the bladder and rectum, strangury and tenesmus. Here the remedies are *Nux vom.*, *Carb. v.*, *Lycop.*, *Ignat.*, and *Pulsat.* Sometimes the distension of the bowels is so great that it can only be relieved by cold water, or even ice compresses, cold clysters, and ice pills.

Tight lacing and tight garments will often cause dyspepsia, accompanied by flatulence, in which *Nux vom.*, *Ignatia*, *Sepia*, *Magnes. mur.*, and *Asafetida* are of use. When there is continual pressure upon the precordial region, with oppression of the chest and dyspepsia, *Arnica* and *Kal. carb.* are indicated.

Sometimes the pressure is so great that the patient feels as though there were a stone in the stomach; *Arnica* is here the remedy. When the distension compels the patient to unbutton his coat or trousers, *Nux vom.* or *Ignatia* are the best remedies.

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indicated if the eruption is characterized by intense itching and by an insupportable nocturnal burning after scratching the head, and if at the same time the mesenteric glands appear to be affected, which is seen in the swelling, hardness and tension of the abdomen, as well as in the stools, which are sometimes hard but more frequently loose and undigested. Hepar sulph. corresponds to cases where the exanthem, instead of being limited to the scalp, extends to the nape of the neck or the face, and to cases also where ophthalmia supervenes, with or without ulceration of the cornea, etc.

As therapeutical hints for the application of other remedies may be given :

Arsenicum. The scalp is found perfectly dry and rough, covered with dry scales and scabs, extending sometimes even over the forehead, face and ears.

Bromine. Malignant scald-head, oozing profusely ; in places where the skin is dry, large numbers of flakes are thrown off ; extreme tenderness of the scalp ; unbearable smell of the eruption.

Calc. carb. Scabs are thick and cover a quantity of thick pus ; the scabs are large, even one-half of the entire scalp being covered with a single scab.

Cornus circinnata. Dry and moist tinea. Scrofulosis, with dry spasmodic cough, or tedious chronic cough with mucous expectoration.

Graphites. Exudation of clear glutinous fluid, forming moist scabs.

Lappa major (Aretium lappa). The scalp is covered with a greyish-white crust and most of the hair is gone, the eruption extending over head, face and neck ; moist, bad-smelling eruption on the head of children ; swelling and supuration of the axillary glands.

Mezerium. Dry eruption on the head with intolerable itching, as if the head were in an ant's nest. White,

scaly, peeling-off eruption over the scalp, extending over the forehead and temples.

Phosphorus. The denuded scalp presents the appearance of clearness, whiteness and smoothness.

Vinea minor. Spots on head, oozing moisture, matting the hair together; the hair falls out in single spots and white hair grows on it.

Arsen., Baryta carb., Bromine, Calcar., Dulcam., Hepar, Graphit., Lycop., Mercur., Phosphor., Oleand., Rhus tox., Petrol., Sarsap., Staphis., Sulphur, Viol. tric., have cured some obstinate cases, where even depilation failed to eradicate the disease.

Tinea Tonsurans.

Porrigo scutellata, Trichoses furfuracea, Herpes tonsurans, ordinary ringworm of the scalp. Parasite, Trichophyton tonsurans.

Hogg (*l. c.*, 46) is convinced that ringworm, as well as favus, is due to a deranged state of health, and does not originate in the epidermis, nor in the hair, but in the organs of secretion. The vegetation is a secondary product, and therefore, if attention be paid to the general health and constitutional treatment resorted to, the most inveterate case of ringworm can be cured. *Good air, good food and tonics always starve the parasite*, and the soil in which it grew and flourished no longer nourishes it; the eruption gradually disappears and the hair resumes its healthy growth.

Tinea or herpes tonsurans occurs amongst the rich as well as the poor, and is seen not uncommonly in the lower animals, where favus is rare. It has many points of analogy with favus: like it the disease cannot exist without the presence of a parasitic growth; it is contagious, but will not occur in every person exposed to the contagion; it is also a chronic disease, its most intractable symptoms being dependent on the changes effected by the plant in

the hairs and the parts concerned in their formation; like favus it may occur on the body or limbs as well as on the scalp, but is most difficult to cure when it attacks the hairy scalp.

Neumann (*l. c.*, 429) gives three forms: First, *herpes tonsurans vesiculosus*, which appears in the form of small, punctate vesicles, with clear contents, arranged in a circular form, which dry a few hours after their appearance, leaving small, thin scales and crusts. New vesicles are continually formed in the immediate neighborhood, and in this way the disease extends peripherally, so that the circumference is formed of vesicles and the centre of thin scales. Sometimes several of such circles join together, and, if the eruption disappears at the point of contact, we may have serpentine lines, as in psoriasis. Second, *herpes tonsurans maculosus* takes the form of pale-red spots, having a small, whitish scale in the centre; they increase peripherally while they pale in the centre, thus presenting a picture similar to erythema annulare. Third, *herpes tonsurans squamosus*, which is the last stage of the two former when occurring on hairless parts, is in the form of scales, mostly arranged in circular shapes.

Herpes tonsurans on the scalp presents the following changes: The hairs fall out or break off on circumscribed spots, and the scalp becomes covered with thin scales or crusts which come off easily. The fungus is found both between the cells and the epidermis, and also in the hairs and the root-sheaths. The hair becomes lustreless and brittle, loses its elasticity, and appears filamentous at the point of fracture.

The causes operating on the development of herpes tonsurans are various. Heat and moisture are favoring elements; we therefore frequently find the disease after long continued use of moist compresses, especially when they have not been kept very clean. The wet cloths so frequently employed around the region of the stom-

ach and loins by hydropaths, produce ringworm, and frequently ulceration ensues after a protracted use of such bandages. This disease is frequent in children and sometimes all the pupils of an institution will be affected. Damp dwellings and the wearing of linen not perfectly dried, are common causes, and as a rule, in the dwellings of such patients, we find a growth of mould elsewhere, as on garments, boots, etc.

The observation of Hebra has been confirmed that herpes tonsurans and favus can be produced by one fungus, and that the penicillium. Hallier also considers the trichophyton as a moniliform arrangement of the spores of penicillium, a product of the dust fungus of the mildew (ustilago).

Herpes tonsurans will disappear with the use of the following means, even when it has existed for a long time. In slight cases the affected spots are caused to vanish entirely by vigorous friction with potash soap (Schmierseife). If the disease is very extensive, we will succeed more quickly by rubbing on the soap and allowing it to dry upon the skin. We may also obtain success with the spiritus saponis alkalinus. If the herpes tonsurans has lasted long and there is infiltration in consequence, tar should be applied to the affected parts after the friction. Washing with benzine, solution of borax, petroleum, balsam of Peru, or with a weak solution of carbolic acid, gives good results (Neumann, 431).

Hogg on the contrary directs particular attention to the general health, employs a tonic regimen, and the irritation and eruption speedily disappear.

Fox (*l. c.*, 435) refers to three things as necessary for a cure: First, to alter the soil so as to render it less suitable to the growth of the parasite. Second, to destroy the parasite. Third, to remedy the consequences of the attack of the parasite. As regards the soil, we find that ringworm attacks most frequently children of a lymphatic tempera-

ment, children who are at least thin, fair and pallid. They are in the habit of taking very little fatty matter with their food, or, if taking it, assimilate it badly. We must therefore remove this dyspeptic condition and hepatic torpor. Plenty of fresh air, extreme cleanliness and other hygienics (meat and milk diet) have to be attended to. The digestive organs must be put in good working order, so that the cod liver oil can be digested. To attack the parasite, the hair must be cut short, and as many as possible of the diseased hairs removed by epilation, although this involves trouble and takes time. In all cases the head should be well washed with mild soap two or three times a week. In severe cases the ordinary vesicating fluid ought to be brushed lightly over the patch, and when it begins to smart, dried off with blotting paper. If much irritation, pain or swelling follows, a poultice may be applied for an hour or two. This procedure may be repeated every three, four or five days, until in fact we get rid of all hairs visible to the naked eye which look diseased.

Hughes (*Therapeutics*, 462) treats ringworm of the face with *Sepia* or *Tellurium*, and hardly ever fails to cure it speedily thereby. Toothaker (*l. c.*, 155) recommends Calcar., Caustic., Clemat., Mangan., Nitrum, Rhus tox., *Sepia*, Sulphur, and remarks that in the treatment of the different varieties proper attention should be given to the condition of the various secretions and functions of the body, as well as to the constitutional and other dyscrasias, upon which the proper selection of the remedy is always more or less dependent.

Tinea Decalvans.

Porrigio decalvans, alopecia areata. Parasite, *Microsporon audonini*.

Tinea decalvans is considered to be of a non-contagious nature, although persons living under the same roof and

the same unfavorable conditions of health are often seen to be affected at the same time. This alopecia always appears in isolated patches, and the denuded spots are left clean and polished and of a marble whiteness. Although it may begin in the head, it commits strange vagaries, inasmuch as it moves about, leaving a spot in the whiskers bare, and passing on to the eyebrows, where another spot is denuded. The progress of alopecia is frequently rapid, and occurs in children and adults. It is an evidence of lowered vitality when the cutaneous surface very readily proves to be a congenial soil for the growth of a parasitic vegetation (Hogg, *l. c.*, 48). The hairs around the bald patch are more or less dry, come out readily, and are seen to be bulbless and tapering at their roots towards a point. Under the microscope, in some instances, at intervals on the shaft are collections of minute spores, and also in the little masses of epithelium that stick to the hair. In parasitic alopecia the hair follicles are visible, there is not any diminution of sensibility more than is due to the inactivity of the follicles, and there is often antecedent erythema with concomitant scaliness over the bald patch, whilst the loss of hair is in strong contrast to a vigorous growth—often of dark black hair around—on a head with a good crop of hair.

Fox (*l. c.*, 462) blisters all patches that are rapidly on the increase with blistering fluid, pulls out a few hairs around the patch, if they are at all loose, and then rubs in for ten days or a fortnight bichloride of mercury ointment (gr. ii. to $\bar{3}$ i.), and finally stimulates with *Nux vomica*, *cantharides* ointment or lotion. Internally he prescribes iron, cod liver oil, bitters, etc., as the special nature of each case may require. Hogg saw it readily cured in young persons, indeed susceptible of a spontaneous cure, but obstinately persistent in the adult. He considers Arsenic one of the most efficient remedies, and in most cases its use has been attended with excellent results.

Among remedies homœopathic to *tinea decalvans* we may study the following:

Aloes. The hairs come out in lumps, leaving bare patches; eyelashes also fall out; patient suffers from frequent headaches.

Arsenicum. Bald patches at or near the forehead. The scalp is covered with dry scales or scabs.

Vinca minor. The hairs fall out on single spots, and white hairs grow there.

Jahr (*Clinical Guide*, p. 194) mentions: When the hair falls off on the *sides of the head*, Graphit., Phosph.; on the *sinciput*, Arsen., Natr. mur., Phosph.; on the *vertex*, Baryt., Graphit., Lycop., Sepia, Zinc.; on the *occiput*, Carb. veg., Petrol., Phosph., Silic.; on the *temples*, Calcar., Kali carb., Lycop., Natr. mur.; for *some places getting bald*, Canthar., Jodium, Phosph. Some physicians of our school recommend the outward application of tincture of phosphorus, gtt. iii. to $\frac{3}{4}$ xvi. distilled water.

Tinea Sycosis.

Sycosis menti, Mentagra. Parasite, *Microsporon mentagrophytes*.

Willan describes sycosis as an eruption of inflamed but not very hard tubercles, occurring on the bearded portion of the face and on the scalp in adults, usually clustering together in irregular patches. The disease commences slowly; at first small red pimples are seen about the chin and in the beard; these gradually increase, and running together break, and a yellowish watery discharge exuding mats the hairs; in a short time the pustules increase, coalesce and form crusts that much resemble the inside of a fig, from which circumstance it derives its name. The disease is inclined to become chronic and attacks other portions of the body, especially those parts freely supplied with sebaceous glands. It is known also to attack the eyelids and cheeks of females as well as males.

Neumann (*l. c.*, 435) wishes us to differentiate between the parasitic form (*herpes tonsurans barbæ*) and the non-parasitic form (*folliculitis barbæ*). In parasitic sycosis the hairs are first affected, while in the ordinary form they do not alter until afterwards, that is, when the exudation into the follicle has become purulent. The seat of the *tubercular trichomycosis* is at first the same as in simple mycosis, and does not extend deeply into the skin until later, and rarely into the subcutaneous cellular tissue; the tubercles are distributed over the chin, cheeks, upper lip and submaxillary region. In *simple sycosis* the hair-follicles and corium are involved and the subcutaneous tissue afterwards takes part in the inflammation. Ordinary sycosis may remain confined to one spot for months or years, while the parasitic variety makes rapid progress. He considers epilation absolutely necessary. Fox and Anderson also consider epilation and the consequent use of parasiticidal lotions the only means for its eradication. Hogg on the contrary admits sycosis menti to be a constitutional affection, even a neglected dyspepsia will greatly aggravate or prolong the disease, and considers, therefore, local applications as rarely of any use. The glandular structure of the skin is an important element in modifying and changing the aspect of the disease.

Kafka (*l. c.*, II., 463) recommends, after cutting off the hairs, epilation and softening of the pustules and crusts with oily rags. He gives internally *Mercur. præcip. ruber*², a dose morning and evening, and uses a mild ointment of red precipitate on the sycotic places. As often as fresh tubercles or pustules arise, epilation must be repeated, and the internal and external use of the red precipitate must be continued till every tubercle and pustule is cured and no relapse takes place. In sycosis ciliarum the same treatment is indicated, even when there are already ulcers on the edges of the eyelids.

Treatment will be found more difficult and tedious

where infiltration has already taken place and where the tubercles stand closely together. Epilation is also here necessary, as we thus destroy the purulent focus at the bulb, but it is more painful and can only be performed gradually on account of the danger of erysipelas. After epilation the phosphorus liniment (Spir. Phosph. dil. $\frac{5}{1}$ i., Ol. amygdal $\frac{5}{1}$ i.) must be rubbed in two or three times a day and *Phosph.*³ taken twice a day. Where crusts are present between the tubercles they must be softened with oil, and in order to keep every thing clean and neat ablutions with soap every morning are advisable.

Bachr (*l. c.*, II., 505) considers "tolle causam" the first indication. If no amelioration follows after some time, he relies on *Graphit.*⁴ or ⁶, which cured several cases. *Acid. nitr.*, *Silic.*, *Oleand.*, *Carb. an.*, *Aurum mur.* have been recommended, but have failed to afford the expected relief. He recommends after epilation Hebra's treatment, to rub into the affected parts a paste of Sulphur, Glycerine and Alcohol. Hughes (*l. c.*, 468) mentions that in one case Tart. emet., externally and internally, was curative after the failure of Thuya and Antimon. crud.

Toothaker (*l. c.*, 177) regulates his remedies in accordance with the general health and condition of the patient. If these conditions correspond, *Cicuta* and *Silic.* may be given with hope of effecting a cure. Next to these, *Antim.*, *Arsen.*, *Graphit.*, *Hepar*, *Lycop.*, *Sulphur*, etc.

Tinea Versicolor.

Pityriasis versicolor, Chloasma. Parasite, *Microsporon furfur*.

Chloasma often commences as little erythematous points, attended by itching, which is increased by warmth of all kinds. By and by we meet patches of a fawn color, which are slightly elevated, dry, rough to the touch, somewhat scaly at the edge, and from which branny scales can be rubbed off. They are chiefly met with on the parts cov-

ered with flannel. It is especially common on the front part of the chest and abdomen. If the scales be examined, their under surface will be found studded with little collections of spores arranged in heaps, and mycelial threads freely interlacing. The minute hairs of the part are more or less infiltrated and the fibres split up. It extends peripherally, and sometimes heals spontaneously in the centre while it progresses on the circumference, thus forming a circinate eruption. It is essentially a disease arising out of a deranged or low state of health, although some dermatologists look upon it as a superficial chronic inflammation of the skin, especially in persons who sweat a great deal, seldom bathe, and wear tight-fitting underclothing which are changed at long intervals.

Tonics, regular living, good diet and change of air will effectually cure the disease. Fox (*l. c.*, 466) recommends first of all to have the parts washed with yellow soap, then sponge with a little weak vinegar and water and apply freely a lotion composed of four or six drachms of hyposulphite of soda and six ounces of water. A hyposulphite bath once or twice, if the cure be obstinate, will aid us in the eradication of the parasite.

Tinea Marginata.

Tine circinata, Eczema marginatum, Erythrasma. Parasite, Tricothecium.

Eczema marginatum is often only a modified form of herpes tonsurans. It may be defined as circular patches of inflammation, induced by the growth equally in all directions of the parasite *upon the surface of the body*, and varying in severity according to the degree of luxuriance of the fungus and the degree of susceptibility of the skin of the attacked to inflame. Males are more subject to this disease than females, and it is found on the genitals, on the inner surface of the thigh, on the abdomen, around the anus, sometimes in the axillæ and also on the legs of infants

who are wrapped up. It appears in the form of brownish-red circles and segments of circles, spreading peripherally, partly in an elevated border and partly with the formation of papules and vesicles, and which in the meantime heals in the centre. The longer the disease lasts the more is the skin thickened and infiltrated, and the more numerous are the scales on the periphery and the yellowish or brownish-red crusts resulting from scratching.

An uncommon form of *tinea circinata* is that which consists of one or several large more or less circular or oval patches, often seated about the back of the hand or the front of the wrist, which have the aspect of eczema but without the infiltration and the free crusting, but with a well-defined edge, and particularly itchy.

Where the disease has been transmitted from the horse or the calf to man, the diseased surface appears to be studded over with pustules in connection with much swelling of the patches.

Eczema marginatum is *tinea circinata* occurring about the fork of the legs, and modified in aspect in consequence of the presence of heat and moisture in exceptional amount and the luxuriant character of the mycelium of the fungus. The disease begins as a red, scurfy, itchy spot, generally near the junction of the thigh and scrotum; as it increases in extent it festoons down over the thighs, the edge being well defined and often papular, the centre fading and assuming a brownish hue and giving off scales on scratching. The disease may spread to the pubic region, the axillæ and the hairy part of the chest. (Chinese, Burmese and Tokelan ringworm are only different species of one and the same disease.)

In the treatment we must be prepared for the obstinacy of the disease, especially in those cases where the patient must continue his business. A rapid cure can only be obtained when we can keep the patient in bed and protect the scrotum from contact with the thigh. The parts

are rubbed with *sapo viridis* or *spiritus saponis alkalinus*, or in milder cases with a solution of carbolic acid in alcohol; they are afterward tarred or covered with the unguent. *diachylon alb.*; a suspensory bandage must be worn for a long time after the cure and the parts often dusted with starch to prevent the frequent recurrences of the disease (Neumann, *l. c.*, 443). Fox (*l. c.*, 457) always noticed the existence in such cases of a condition of system certainly not of good health. The attacked are perhaps pale or debilitated, or there are faults as regards hygiene or diet. Such a condition is to be met by remedies specially adapted to the lymphatic temperament, and sponging with hypo-sulphite lotion should be used to the parts of the skin around the diseased arena (3 v. or vi. ad 5 vi. of fluid), directing patients to use soap and water freely before applying this lotion, in order to get rid of the greasiness of the skin, which repels the watery solution. Linen rags soaked in the lotion should be kept applied night and morning for at least an hour at a time, covered over with oiled silk.

On account of the lymphatic constitution, Jahr recommends Arsen., Aurum, Baryta, Dulcam., Ledum, Phosph., Petrol., Sarsap., Sulphur.

Kafka (*l. c.*, II., 447), acknowledging the obstinacy of the disease, recommends the steady and methodical application of *Rhus tox.*, *Sepia* or *Graphit.* In one very obstinate case a cure was at last accomplished by the internal and external use of Iodine (Iodine gtt. ii., aqua dest. 5 ii., Iodine³ two doses a day). Tepid baths aid in the eradication of the disease. Where the itching at night is unbearable, with sleeplessness, Sulphur⁶ or Arsen.^{3 6} may procure relief. The chronic eczema ani finds a simile in *Nitr. ac.*³ or *Carb. an.*⁶.

Bähr (*l. c.*, II., 522) considers *Staphysagria* a great remedy in *eczema marginatum*; also *Rhus tox.*, *Carb. veg.*, *Graphit.*, Sulphur, Lycop.

Tinea Tarsi. Parasite, Trichophyton.

In the scabs and pustular discharges of patients suffering from tinea tarsi, the spores and filaments like those of puccinia favi are found, with epithelium scales and pus-like granules. A vast number of poor children from the dirty, over-crowded tenement houses suffer from it; also persons who habitually indulge in strong drinks and eat unwholesome food. The disease may remain confined to the eyelids or become associated with pustular conjunctivitis. The hypersecretion of the Meibomian follicles becomes a morbid product and destroys the cilia; the eyelashes drop out. At a later period the edges of the eyelids are covered over by dark-looking pustules and scabs, in which, among children of the poor, even pediculi are sometimes found. In the chronic form of the disease a turning down and thickening of the eyelids completes the miserable picture: the patient is then said to be blear-eyed.

Tonics, cod-liver oil, good food and cleanliness are the remedies chiefly to be relied upon.

Amm. carb., *Baryt. carb.*, *Calc. carb.*, *Lact.* have purulent mucus in the lids; pustules and vesicles we find under *Lycop.*, *Mercur.*, *Hepar*, *Rhus tox.*, *Sepia*.

Hepar. Inveterate blepharitis with purulent secretion, pimples around the eyes and eyelids, nightly agglutination.

Mercurius. Chronic blepharitis; purulent ophthalmia with copious discharge; pustules and scurfs around the eyes and on the margins of the lids.

Nux. vom. The canthi are redder than the eyes; nightly agglutination; aggravation in the morning and after meals.

Sulphur. Chronic scrofulous ophthalmia; pustules, ulcers and scurfs around the eyes and on the lids.

Thuja. Frequently repeated scrofulous ophthalmiæ; potbelliedness of children.

Tellurium. Scrofulous ophthalmia, particularly inflammation of the upper eyelids, accompanied with lachrymation and itching and pressure in the lids.

Mycetozoa. Parasite, Chionophye Casteri.

The Madura foot, fungus foot of India and South America, morbus tuberculosis pedis.

Fox (*l. c.*, 469) describes it as a marked swelling of the affected part—generally the foot, though it may be the hand or even the shoulder—which is studded over with little soft buttony elevations about the size of a pea, having a central aperture leading into a sinus, discharging black and white pustules with thin sero-purulent fluid. The soft parts of the foot are swollen, but the muscles are degraded and wasted, so that it is difficult to recognize them. Amputation of the part affected is the only treatment.

Dr. Ch. McQuestin, of San Francisco (*Pacific Med. and Surg. Journal*, April, 1874), treated, during his residence in Mexico, several cases of fungous disease of the foot. The characteristics of the diseased parts consisted in a swelling and induration of the integuments and a fungous growth sprouting out from innumerable apertures at the top, bottom and sides, the top of the foot being more thickly covered with the fungus than the other parts while the toes were free from the disease. The sinuses communicated with the bones and discharged a viscid secretion. After amputation the patients rallied quickly, although they were extremely emaciated when entering the hospital.

Onychomycosis.

Onychia parasitica. An affection of the substance of the nail, produced by fungus, and presenting the following appearance: the nail generally assumes the shape of a claw curved over the end of the finger, and ends anteriorly in a thickened extremity. Its surface becomes rough and uneven, the color dirty-yellow, and the whole nail is readily movable in its bed. We also find transverse fissures of more or less light color, and yellowish spots in the centre and on the under surface. The nail flakes off

readily and is shed in crumbling masses. The nails may appear parasitically affected, as a complication in several of the varieties of tinea already described (*favosa*, *tonsurans*, *circinata*, *decalvans*), or may exist as an independent condition. In the former case it would seem that the crusts or scales get beneath the nails from frequent scratching of parts thus affected, and that the fungous elements, finding there the proper condition for their development, penetrate the nail-substance, whereby the latter is loosened and suffers the alterations described. Both the powdery and crumbling masses, as also fine sections of the yet dense substance of the nail, show chains of conidia, with clearly marked nuclei and here and there free cells. This condition of the nail may not only be produced in the persons suffering from tinea, but also in those who attend to the head of children affected with ringworm.

The usual treatment consists in scraping off some of the loose lamellæ of the nails, then apply every second or third day some strong acetic acid to the seat of the change, the whole nail area if necessary, taking care not to make the matrix too tender, and then keep the nails soaked in a solution of hyposulphite of soda (℥ iv. to ℥ vi.) water. Perseverence with the lotion will certainly cure the disease. Local baths of caustic potash and corrosive sublimate (gr. ii. to ℥ i.) and repeated frictions with turpentine are also recommended.

For the homœopathic treatment we refer to Dr. Hering's *Analytical Therapeutics*. Where it appears as a complication, the treatment of the original disorder will also remove the malignant onychia; but where it appears independently, we would rely on *Natr. sulph.* for living in damp dwellings or workshops, pale appearance, tired in the morning with a dull headache, loss of appetite, chilly and feverish in the evening, a blister on the ungular phalanx, followed by a deep red swelling, festering at the

root of the nail, great pain, more bearable out-doors than in the room.

Sepia. With such as have tetters, felon changing hands, throbbing, shooting pains, sleepless.

Graphit. Superficial inflammation mostly at the root of nail; violent burning, throbbing, then suppuration; often open proud flesh.

Hepar. Last joint hard, red and swollen, lymphatics inflamed, lump in axilla; sensitiveness to touch and cold.

Plica Polonica.

Plica Polonica is in reality not a parasitical disease, but a peculiar felting of the hair, the result of neglect and uncleanliness, in connection with which fungi may accidentally occur. The disease is usually confined to the head, but is sometimes met with on the chin, in the axillæ and on the pubes. There is pain and great tenderness of the scalp, which bleeds at the slightest touch. Hebra considers it not a distinct disease but an eczema or other skin affection much neglected; the adherents of the fungoid theory on the contrary consider plica polonica originating in the presence of fungi from long-continued uncleanliness. The treatment is that of tinea favosa, and internally the remedies indicated for the general state of health.

Myringomycosis.

Otitis parasitica is the name given to the presence of the fungus *aspergillus nigricans* or *flavescens*, as also the *graphium penicillioides* in the external. The parasite is located deeply, and may exist for years without exciting any morbid phenomena. (Gruber.)

Mycosis vaginalis

refers to a pruritus dependent upon the vegetation of a parasite upon the mucous membrane of the vagina. The fungus is either the *leptothrix vaginalis* or *vidium albi-*

cans, and can be transferred from one person to another by means of vaginal examinations, and may even excite an affection of the nails in the obstetrician: *i. e.*, the disease is contagious (Häusmann). A weak solution of sulphate of copper will destroy the parasite and cure the disease (Neumann, *l. c.*, 445).

Animal Parasitic Diseases of the Skin (Ectozoa).

Scabies.

Scabies, the itch, is an artificial eczema, occasioned on the one hand by the irritation of the *acarus scabiei* (*sarcoptes hominis*) and on the other by the scratching nail. The itch-mite is about $\frac{1}{60}$ to $\frac{1}{70}$ of an inch in length, just visible to the naked eye. By living in the skin of man it produces the disease known as the itch. The animal is tortoise-shaped, the head distinct from the trunk, with four pairs of jaws, eight legs, four in front and four behind; in addition to the legs there are long bristles. The male differs from the female in appearance as to the bell-shaped suckers on the ends of the legs, and also is not so large. The *acarus* lives in the skin, in little passages dug by itself, or just beneath the epidermis. These passages extend through the deeper layers of the epidermis, down to and into the true skin or rete mucosum. The *acarus* moults three times, not however specially changing in form; the eggs are oval in shape, quite large for the size of the animal, and may be laid by the female to the number of fifty. The *acarus* is an air breather, and one of its peculiar instincts is the provision it makes for ventilating its dwelling-place.

An *acarus*, when it gets on the skin, crawls till it finds a suitable soft place, when it tips up on its fore legs and commences to work its way in. The female as it progresses lays its eggs in the burrow, and when exhausted dies; the eggs will be seen in a regular row behind the female in the burrow. These canals which

the female acari make have generally a serpentine form and are from $\frac{1}{12}$ to $\frac{1}{4}$ of an inch in length, and we find the mother itch-mite always at the blind end of the burrow, where it dies. Around and beneath the burrow we find papules, vesicles and pustules, in proportion to the duration of the disease and the susceptibility of the skin. From the irritation caused by the acarus on the papillary layer and the young acari on the surface, we have the feeling of itching, in consequence of which the parts are scratched, the furrows laid bare, and the acari set free. The mite needs a delicate part of the skin to dig into—between the fingers for instance—and here the peculiar-looking burrows are fast sought for. In these parts the disease is first seen as solitary vesicles, and then it travels to the front of the forearm, the belly, thighs, and especially the upper line of the penis. Intermingled with the vesicles are papules and often ecthymatous spots, produced as a consequence of the scratching, whilst linear abrasions and cicatrices are likewise found.

The acari may attack any portion of the skin, especially such parts as are much accustomed to pressure. In infants the larger number of burrows are found on the breast, abdomen and extremities, and on the face and even the scalp, because all these parts come in contact with the nurse and may be infected from her.

Fox (*l. c.*, 420) gives the following diagnostic points: First, absence of febrile disturbance; second, absence of rash from the face and head (as a rule) and its absence from the posterior surface of the arm or body; third, the seat of the eruption, where the cuticle is thin; fourth, the isolation of the vesicles and their pointed shape; fifth, the multiformity of the eruption, namely, the intermingling of papules, vesicles, pustules, scabs, and even small ulcers; sixth, the itching at night and the peculiar linear scratches made with the nails and fringed with dried blood; seventh, the cuniculus or burrow; eighth, the

evidence of contagion or the existence of the same disease in a house or a family—it is in children that the greatest mistakes are made, simply from the want of knowing that scabies does not prefer their hands and arms but their feet and buttocks—ninth, the presence of acari among the crusts.

Most dermatologists consider external treatment sufficient for the removal of the acarus, and thus for the cure of the itch. The long-continued application of warm water and soap to the skin swells up and softens the skin and renders it easily scraped or rubbed off; therefore a person suffering from itch must first thoroughly soak himself in hot water and rub all parts of the body which are the abodes of the mites with the strongest soft soap; the more delicate the skin the shorter the time required. Next the common sulphur (*styrax*, *Peru balsam*) ointment must be rubbed thoroughly over the body. This is fatal to the itch-mite, already exposed in whole or part by the burrows being broken down by the soft soap and water. If it does not produce too much irritation the ointment may be left on over night and removed by a hot bath in the morning. If one such application does not suffice it must be repeated.

Wilson, (*Lectures on Dermatology*) writes that, as the cause is local and as the art of curing disease is the removal of the cause, we shall have no need of internal treatment in scabies, but may confide in some of the well-known means of destroying the life of the animalcule and its ova. The acarus is highly and even painfully sensitive to the lethal influence of certain substances, among which, first on the list is sulphur, another is stavesacre, styrax, and so on. The acarus is an air breather, and fats and oils are known to suffocate air-breathing animalculæ by getting into their spiracles and obstructing the apertures through which they receive air; hence, greasy substances alone are natural cures of itch. Wilson requires his patients to wash the whole body night and morning with

sulphur soap, to use sulphur soap to the hands for ordinary ablution instead of common soap, to rub a little sulphur ointment thoroughly into the hands, the wrists, and between the fingers at bed-time, and at the same time to smear a little of the ointment on any part of the body where there may be itching. There is no occasion to suspend the ordinary associations and avocations of the patient. The quantity of sulphur ointment required for the cure of scabies is marvellously small, and its odor may be covered by a few drops of the essential oil of chamomile, which is also an acaricide. It is important that ablutions should be rigorous in respect to all articles of clothing admitting of washing, and woollen garments must either be laid aside for awhile and sprinkled with sulphur or submitted to the action of a high temperature.

Teste (*Diseases of Children*, 184) prescribes for the itch, *Lobelia inflata* and *Croton tiglium*, administered alternately, and continued seven or eight days after the complete disappearance of the exanthem. The *tincture of sulphur* should be used only in case of consecutive ulcers, with or without loss of substance of the skin, and then its use should be preceded by that of the two medicines which are mentioned as specifics for the itch. *Lobelia*⁶ should be given in water, three teaspoonfuls the first day, *Croton*¹² the next day in the same manner, and so on, every alternate day. The total duration of the eruption in ordinary cases will not be prolonged beyond a week.

Raue (*l. c.*, 627) remarks (and is here in perfect accordance with the allopathist, Hogg) that all parasites, no matter whether animal or vegetable, can grow only upon a suitable soil; if this soil be made insupportable to them they die or leave, and this is as good as killing them as regards getting rid of the intruders, and it is infinitely better for the patient, as by this means the organism is not injured but rather brought into a healthy state.

Arsenicum. Inveterate cases; eruption in the bends of

the knees; pustular eruption, burning and itching; better from external warmth.

Carbo veg. Eruption dry and fine, almost over the whole body; worst on the extremities; itching worse after undressing; dyspeptic symptoms, belching of wind, and passing flatus; after abuse of mercurial salves.

Causticum. After abuse of sulphur or mercury; yellowish color of the face, warts in the face; involuntary discharge of urine when coughing, sneezing or walking; sensitiveness to the cold air.

Hepar. Fat, pustular and crusty itch; also after previous use of mercury.

Mercury. Fat itch, especially in the bends of the elbows.

Psorinum. Inveterate cases, with symptoms of tuberculosis; also in recent cases with eruptions in the bends of the elbows and around the wrists; repeated outbreaks of single pustules after the main eruption seems all gone.

Sepia. After previous abuse of sulphur; itching worse in evening; especially in females.

Sulphur. Main remedy; voluptuous tingling, itching, with burning and soreness after scratching.

Sulph. ac. When itchiness of the skin and single pustules appear every spring, after imperfectly cured itch.

Jahr (*Clinical Guide*, 286) recommends for *dry itch* Mercur. and Sulphur alternately every four, six or eight days, until an improvement takes place or the symptoms change; these new symptoms generally indicate Carb. veg. or Hepar, provided it is the dry itch, or Caustic., if a few pustules should have supervened. The symptoms which remain after Carb. veg. or Hepar. frequently yield to Sepia or Veratr. For *pustular itch* give first Sulphur and Lycop. alternately, as above. If the itch should become drier, give Carb. veg. or Mercur. Give Caustic. once a day if Sulphur or Lycop. remain without effect. If Caustic. should not produce a change in two or three days, give a dose of mercury every forty-eight hours. If ulcers

should form, give Clemat. or Rhus tox.; if the pustules should change to large vesicles of a yellowish or bluish color, give Lachesis.

Bæhr, Hughes and Kafka, certainly three standard authorities, resort to the sulphur ointment as the most effective mode of destroying the itch-mite. Hughes generally uses Sulphur internally also as being thoroughly homœopathic to the eruption, and recommends the study of Croton and Hepar. Kafka uses Nux vom.³, Lycop.⁶, or China¹, where the patient in consequence of the long duration of the itch looks cachectic, emaciated, and becomes dyspeptic and melancholic. External treatment ought to be very cautiously applied in patients suffering from tuberculosis or heart-disease, as it may produce congestion to the lungs or heart, and thus cause hæmoptysis or important disturbances of the circulation. During menstruation, pregnancy or the puerperal state, no external treatment is advisable, inasmuch as the hot baths as well as the sulphur inunctions might produce hemorrhage or abortion.

Prurigo Contagiosa.

Army itch ; camp itch ; ground itch ; prairie itch.

Jeffries, in his work on "*Animal and Vegetable Parasites*," p. 50, remarks, that not only the army itch, but also the so-called seven-years' itch, Jackson itch, *et id omne genus*, are all due to the presence in the skin of one and the same animal, namely the *acarus scabiei*. During the march and in the field, soldiers have no opportunities for personal cleanliness, so as to prevent the contagion of the itch disease, and therefore it spreads with great rapidity by contact, and the effects of the mite's presence in the skin become severe.

Searle (*U. S. M. and S. J.*, Oct., 1867), on the contrary, gives the following symptoms: Prurigo contagiosa appears in the form of minute papules, sometimes white, like those of prurigo, and sometimes with the pinkish

hue peculiar to lichen. Like the former its favorite seats are the neck, shoulders, back and outer surface of the limbs. It is rare in the face, unless in severe cases, and almost always spares hands and feet. In the course of a week after exposure to the disease, the patient on retiring at night is annoyed by an intense and persistent itching, aggravated by scratching and by the warmth of the bed. In severe cases there is with the itching a sense of formication, as if insects were crawling over the surface and stinging it, or as if the skin were pierced with hot needles. As the apex of each papule is removed, a little blood exudes and forms a blackish crust or scale, beneath which is a minute red point. In cases of long continuance, large surfaces become abraded and form suppurating sores, reducing the patient to a condition of absolute wretchedness.

Dr. Searle has so far failed to detect any parasite even with a powerful hand-glass, and opposes the parasitical origin of the disease, because parasiticial means have failed to remove or suppress the disease, and because it is speedily curable by purely internal treatment. He considers it of malarious influence, (but is not malaria a fungoid disease? S. L.) which influence impresses the cutaneous nerves and generates a contagious excretion in the manner already pointed out.

A woman took a few baths of yellow dock and was cured. Since then the internal use of *Rumex crispus* has been tried with unwonted success, and Searle considers it the true specific for this horrible plague.

Dr. Rowsey, in his prize essay on prairie itch (*U. S. M. and S. J.*, July, 1867), gives for this eruption the same habitats as we find in scabies, but says it differs from the latter by the exceedingly acrid and irritating fluid which the vesicles always contain. Nausea and headache, with slight fever, sometimes precede the eruption (scabies is always an afebrile disease). During the progress of the

eruption there exists dryness and heat of the fauces, mouth and lips. As the malady progresses, the whole economy gradually becomes more and more involved. The tongue assumes a dirty yellow coating, and is very dry in the morning. Eructations become frequent; headache is often constant. The conjunctivæ look congested and muddy. The appetite is variable, bowels constipated, and there is often an excessive secretion of very pale or reddish-brown urine, sometimes with, but often without deposit. The urine is strongly alkaline, and this reaction keeps pace with the eruptive disorder. Deep-seated aching pains in the lower extremities, as if in the bones, are sometimes very troublesome, and are usually very hard to remove. The entire glandular system is primarily affected in this disease. Although an intense itching is one of the most prominent characteristics of the disease, it is not a true skin disease (or neurosis of the skin). A specific toxic cause has altered and vitiated many of the secretions, and their elimination by the skin and kidneys begets this annoying affection. After vomiting or some marked derangement of the stomach, the itching becomes for a while almost unbearable. He recommends hot baths and strong country soap, and the best local application, judging from the rapidity of the cure, is a *lotion of the lye of wood ashes*. This lye must be diluted with two or three times its quantity of rain water, and applied with a sponge to the diseased surface. Its strength must depend on the sensitiveness of the skin, and in this sensitiveness of the skin patients vary very much. As internal remedies he uses Kali carb., Rhus tox., Viola tric., Ledum, Mezer, Staphis., Oleander, Thuya. Where every remedy fails, then nothing remains but to send the patient outside of the infected locality, when escape from the cause originating and sustaining the disease will speedily effect a cure. (See p. 49.)

Phthiriasis.

The acarus lives *in* the skin, the pediculus *on* the skin. There are three kinds of the latter: the pediculus pubis, phthirius inguinalis, crab-louse; the pediculus capitis, head-louse; the pediculus vestimenti, pediculus corporis, body-louse.

The pediculus pubis or crab-louse resembles the head-louse, but is shorter and broader. It does not run about the surface, but grasps the hair close down to the skin with its fore-legs, which are provided with strong crab-like claws; it deposits its eggs, the nits, on the hair close to the skin. The crab-louse lives on all the *haired portion of the body except the scalp*, which is the domain of the head-louse, and they never interfere with each other. The insect is transferred from one person to another by contact and by the agency of clothes, linen and beds.

The head-louse is found exclusively on the *hairs of the head*; it attaches its eggs or nits to the hairs and excites an intense eczema, which may even extend to the neck and face, and is accompanied with great swelling of the lymphatic glands. This variety creeps about upon the head, and the eggs will therefore be strung along the whole length of the hair.

The body-louse *inhabits the clothing* of uncleanly persons; the effects produced by it on the skin vary with the duration of their presence. It deposits its eggs in the folds and seams of the clothes, and feeds by biting the skin nearest its haunt, namely, where the clothes come in most immediate and constant contact with the cutaneous surface. Hence its ravages are seen on the neck, back, shoulders, around the waist and wherever bands or straps give a resting-place for the insects, an opportunity for the eggs to hatch undisturbed, and by lack of change of apparel a constant field for food. It is the constant wearing of the same clothes which affords a permanent home for these insects. According to the numbers present

and the cutaneous sensibility of the individual infested will be the amount of irritation produced and the consequent amount of scratching. If the patients have had them only a short time, we find only papules and superficial excoriations; when the disease has lasted longer, the alterations on the skin are more intense and the excoriations greater, generally of a longish form; they may reach even into the corium, forming pustules, furuncles and abscesses covered with crusts. These leave scars which, on their periphery are darker colored and in the centre lighter than the normal skin. Abscesses are most frequent about the loins and on the shoulders, that is, on those places where the lice are retained in the folds of the shirt or where the clothing presses. After long continuance of this affection the skin is stained of a dark-brown or slate color (melasma).

The destruction of the pediculi is the only treatment necessary, but it is not so easy at all times to get rid of the irritation and its consequences. Fox (*l. c.*, 410) recommends for the head-lice free and repeated washings with soap and water, and a weak ammonio-chloride of mercury ointment (gr. v. to $\bar{3}$ i.) to which some essential oil (lavender) or a few drops of Kreosote may be added, for the destruction of the lice. Hebra recommends to saturate the head for a day with petroleum, bound over with a cloth, with a good washing of soap and water to follow. The nits may be destroyed by the use of a weak acetic lotion (1 to 10 or more) and by free washing.

A very good plan for the destruction of crab-lice is to drop a few minims of chloroform on a layer of cotton wool, and apply the latter to the part attacked by the pediculi, confining the vapor by a towel; the pediculi are thus killed and may be washed away. It only then needs the application of a mild staveacre ointment or bichloride of mercury lotion (gr. ii. to $\bar{3}$ vi.) once or twice, or a weak vinegar lotion, to be followed up with a good washing or two, to get rid of all that remains of them.

For the pediculus vestimenti our treatment is at first directed against the clothing, which has to be disinfected in an oven at a high temperature; the patient only requires good warm water and soap baths to cleanse the skin. If much irritation is left behind, alkaline baths and subsequent inunctions with oil will be of service. The secondary eczema must be treated upon ordinary principles.

CHAPTER IV.

VII. SYPHILODERMATA OR SYPHILITIC ERUPTIONS.

The answer to the question "what is syphilis?" still awaits solution, and unitarians and duallists still adhere pugnaciously to their opinions. There is Ricord on one side, with eminent adherents like Bærensprung, Zeissl and others, while on the other Vidal, Langlebert, Hebra, Sigmund and others break a lance for the unalistic theory. According to the latest researches (Neumann, 347) the secretion of the soft chancre represents a concentrated poison, which induces a more acute process and prevents general infection by destruction of the virus; while the secretion of the hard chancre acts more slowly and produces chronic poisoning of the blood.

Cauty (*Diseases of the Skin*, p. 127) individualizes more strictly, saying: "The growth of disease germs depends on the state of the system and its power of resistance, on the quantity of disease germs absorbed and on the special virulency of the germs, which implies their capability of causing those changes in the circulation which are favorable to their growth."

Now, keeping these three factors in view, we can easily understand that a patient infected with the syphilitic germ, but of good health otherwise and with power of resistance at a normal standard, will be able to throw off

the virus absorbed into his system in its totality, and we meet therefore in such patient the *soft or primary ulcer* with its sharply-cut, swollen, red or yellowish border, with a pultaceous base, *secreting a profuse, yellowish or green-colored matter*. Lancereaux calls this soft ulcer "local syphilis." Bumstead (*Syphilitic Diseases*, 316) adopts the term "chaneroid," as it never gains access to or contaminates the general circulation; and since its influence is thus confined to the neighborhood of the point of implantation of the virus it must be regarded as a local disease.

What, on the contrary, are the properties of the "*hard*," "*indurated*" and "*infecting chancre*"? Most authors accept now-a-days three different kinds.

First. The *dry papule*, a papular protuberance of small size, of a dark-brown or purplish color, round or oval, firm and elastic, sometimes covered with white scales of epithelium or scurf, which may disappear by resolution or absorption, leaving behind a slight violet, copper colored or black depression. These are the most insidious cases, as they frequently pass unnoticed till secondary symptoms appear.

Second. The *syphilitic or hard chancre erosion*. It commences as a copper-red spot, scarcely raised, papular and dry. It is covered with a crust or thin scales, which desquamate, and finally the spot becomes eroded or slightly ulcerated on the surface. The ulceration is circumscribed within the induration and presents a flat, rose-colored surface, projecting on a level with the summit of the swollen part. It discharges a small quantity of serous fluid from a diffused base, which is indurated on its surface rather than deeply.

Third. The *indurated sore of syphilis*—non-suppurating chancre. Induration is the primary lesion, first as a papule, over which a crust may form, and underneath this crust a cup-shaped ulcer of greater or less depth rapidly

develops itself. It is indolent in its progress, and has the appearance of being scooped out; it presents raised and rounded edges, a glossy iridescent surface, a base generally greyish or lardaceous, bathed with a serous or water-like secretion, not re-inoculable, not pus (Aitken).

The virulency of the syphilitic poison is very persistent. It loses its power slowly and is only slowly eliminated from the system. The special predilection of syphilis is to cause stagnation, which it may be enabled to do at a part or parts of the body, and its permanent character allows it to lie in wait for any depression of the vital powers, when it seizes the favorable moment for a demonstration of its existence. The exact action of the syphilitic germ when absorbed is to retard the circulation, and syphilis may therefore be considered in all cases a disease of stagnation and deterioration of the blood. (Cauty, 137.)

The virus of syphilis, like other contagious diseases, has a period of incubation, in which some of its effects are manifested. If no general treatment has been employed, the first of the secondary symptoms occur, at a somewhat regular period, the mean being about fifty days. As in all other zymotic diseases, the absorption of a sufficient quantity of disease germs will set up irritation, but in syphilis only of a transient character, and we have what has been called the syphilitic fever, although this is often overlooked. We meet it most frequently in persons where the primary sore has not been subjected to treatment. The symptoms consist chiefly of headache, which may be nocturnal, of pains, resembling neuralgia or rheumatism, in various parts of the body, chiefly in the neighborhood of the joints, and a general feeling of malaise or listlessness. Tenderness of the sternum on pressure has been regarded as so constant as to constitute a valuable symptom in diagnosing syphilitic infection in doubtful cases.

Engorgement of the cervical ganglia is another important symptom of the early stage of constitutional syphilis,

although other glands besides those of the neck may be engorged in the same manner, or as a general rule, their number and size correspond to the extent and severity of the neighboring eruption on the skin or mucous membrane.

Icterus, due to compression of the biliary ducts by lymphatic glands, is sometimes observed as an accompaniment of the first outbreak of secondary symptoms.

Constitutional or secondary symptoms are therefore, in point of fact, an exanthematous fever accompanied by general febrile disturbance of the economy, neuralgic pains, sore throat and an eruption on the skin ; but, whereas true exanthemata are regular in their progress, limited as to time and not prone to recurrence, the syphilitic fever is subject to irregularity in a variety of ways, is uncertain in its symptoms, uncertain in duration, and liable to repetition, not only at the expiration of several weeks, but at successive intervals for many months and sometimes years. (Wilson's *Lectures*, 162.)

Syphilitic eruptions have their own peculiarities, as slowness of their course, tendency to relapses, their infectious character even after long continuance, and their transmissibility to descendants. The copper color, although not constant, of a syphilitic eruption will often reveal its origin. They show frequently a circular form, especially in the pustular and tubercular forms, which appear at a later period. The entire absence or small amount of pruritus attendant upon the syphilodermata is a characteristic and highly important symptom. Another important element of diagnosis is the frequent co-existence of various forms of syphilitic eruptions on the same person in the early stage of constitutional infection. The seat of the eruption will also sometimes indicate its origin. In fact, we see here again, that the *totality of the symptoms* with a full anamnesis has to be taken into account, to gain a clear diagnosis of the diseased state and of the remedy similar to such a diseased state.

Wilson (*l. c.*, 162) arranges syphilitic eruptions of the skin into three classes, namely, *erythematous*, *papulous* and *ulcerous*; also the *degenerative* form. Cazenave describes the exanthematous, papular, squamous, vesicular, bulbous, pustular, tubercular, etc.

Roseola syphilitica, *erythema syphiliticum*, is one of the earliest and most frequent of all the syphilodermata. Livid, pale-red or brown spots of the size of the nail, which are the result of local hyperæmia together with cell-infiltration along the capillaries, make their appearance with slight febrile movement, mostly on the body, more rarely on the face, sometimes, also, on the palm of the hand, tongue and soft palate. The spots appear more clearly under the action of cold. This syphilide passes quickly into the papular form or disappears in exceptional cases very rapidly; as a rule, it remains weeks or months, and generally leaves slightly pigmented patches. There is usually also redness of the fauces and tonsils, or even slight ulceration, enlargement of the cervical and inguinal glands follows, and alopecia occurs in some cases. *Maculæ syphiliticæ* may remain after any syphilide, but are more frequently observed after the erythema. The little roseolous spots, which soon fade, assume a dirty brown aspect, are circular and scattered over a large area, and subsequently become of a rather lighter hue, although they do not disappear on pressure. Their special seats are the neck, the breast, the face, especially the forehead, and the arms. *Maculæ syphiliticæ* are unattended by desquamation.

Papular syphilis shows itself by *hyperæmia with prominence*. Syphilitic lichen also belongs to the early stage of syphilis, and is in many cases preceded by the erythema. Fox (*l. c.*, 284) describes two varieties, the first, in which the disease begins by follicular hyperæmia, this being followed by a deposit about the follicles and the formation thereby of papules; the second, in which solid little growths of

syphilitic granulation-tissue are found on the skin, and these papules may be lenticular in form and shape, or flat and largish, *i. e.*, papulo-tubercular. Bumstead (*l. c.*, 545) recognizes three forms: the *lenticular*, in which the papules are somewhat broad and flat; the *conical*, the height of which exceeds their breadth and which most closely resemble ordinary lichen; and the *miliary*, which are very small, and the summits of which, on their first appearance, are generally surmounted by a slight effusion of serum.

As a rule, the first exanthem of the syphilitic fever is simply hyperæmia; the congestion lasts for a few days, then gradually subsides and fades away. But a recurrence of the syphilitic fever after a few weeks will always be attended with a prominence of the congested follicles, and the case has become papular syphilis. Pathologically, the first impetus of the fever has produced dilatation of the capillaries, and has left behind it a susceptibility to being acted upon again in a similar manner; while the second impetus not only results in dilatation of the capillaries, but is accompanied with transudation and increase of bulk of the intervascular cell-structures. A second attack of papular eruption will always be composed of papulæ larger than the first; and so we are led onward from small prominences scarcely one line in diameter to others measuring over an inch. The former we term papules, the latter tubercles, although the pathological constitution of the objects is the same. Still, the tubercle means duration and represents a more chronic character in relation to the disease (Wilson, *l. c.*, 170).

Papulæ syphiliticæ are most common upon the abdomen, thorax, back, forehead and the upper and lower extremities; they are rare upon the hairy scalp. Upon the forehead they constitute the most frequent variety of the *corona veneris*. They are very persistent, and rarely disappear under one or two months. As resolution progresses, the copper color fades first into a tawny and then into a

grayish hue, and copious desquamation of the epidermis sometimes takes place, attended by slight pruritus; sometimes they suppurate at their apex and are then accompanied with swelling of the glands. They frequently leave depressions in the skin, which are due to interstitial absorption of the tissues, and which disappear in the course of a few months.

Syphilitic squamæ (*pityriasis syphilitica*, *psoriasis syphilitica*; *syphilis cutanea squamosa*) occurs either on single parts or over the whole surface, and is either developed from macular and papular eruptions, or appears primarily with febrile phenomena, by the development of fat red blotches, which in a few days are covered with scales, mostly collected on the periphery. In some places crusts are formed instead of scales, which produce crescentic or circular layers, especially on the hairy scalp; with this form the patients are cachectic, the glands swell and the hair falls out. Semicircular patches may also form on the scrotum and penis; the skin becoming red and inflamed by their long continuance, they may be taken for eczema, but this form does not appear until the earlier manifestations of syphilis have long passed.

Fox (*l. c.*, 290) gives the following diagnostic hints for squamous syphiloderma: First, if limited to the palms of the hands and soles of the feet it is in the majority of cases syphilitic. Second, the disease does not attack the elbows and knees by predilection, as in the simple forms. Third, it is generally displayed in little circular patches, which are isolated and not confluent. Fourth, the patches have a peculiar whitish line circumscribing them, due to the elevation and attachment of the cuticle. Fifth, the squamæ are thin, small, gray, and repose upon a coppery base. Sixth, there is generally significant co-existence of specific infection. Seventh, copper-colored maculæ follow in the wake of the disease.

Syphilitic vesicles. Wilson (*l. c.*, 183) never saw any

form of syphilitic eruption which he should consider entitled to the designation of vesicular or pustular. Both of these states may be more accurately treated of as papulæ vesicating at the summit, or as papulæ or papular tubercles suppurating at the summit, and, in fact, representing the commencement of the ulcerative process.

All authorities agree that syphilodermata rarely appear in the vesicular form, and when vesicles are met with it is an early symptom. The parts which are most frequently affected are the back, face and extremities. The vesicles may either be large and globular, small and acuminate, scattered irregularly over the surface or arranged in groups. Many of them are found to be traversed by a hair, showing that the chief seat of the eruption is the hair follicles. Bumstead (*l. c.*, 547) admits four varieties: First. Where the eruption resembles varicella, and the vesicles are large, scattered over the surface, in some cases umbilicated, and each is surrounded by a copper-colored areola. Their contents remain serous for a short time only and soon become purulent. Second. In the eczematous variety the vesicles are smaller and either diffused or collected together in groups. The eruption terminates in fine desquamation without the formation of scabs, sometimes a thin yellowish crust is found, beneath which the integument is found to be superficially ulcerated. Third. The herpetic variety consists of large globular vesicles containing a citron-colored fluid, arranged in irregular groups upon a dark-red base, resembling the patches of herpes phlyctenodes, or the vesicles may be smaller and collected into groups which are either circular or ovoid, as in herpes circinnatus. Fourth. The bases of the vesicles are hard and firm papular elevations, which remain for some time after the fluid had been absorbed or has escaped by rupture of the vesicles. Syphilitic vesicles are almost always accompanied by some other specific eruption.

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Syphilitic bullæ. (Pemphigus syphilitica. Rupia syphilitica.) The number of cases of this affection in adults is small, but *pemphigus neonatorum* is of very frequent occurrence. The children are either born with a pustular eruption, chiefly on the palms and soles, the elements of which rupture a few days after birth and leave a superficial ulcer, or small spots the size of a lentil come out on the parts mentioned, of a dark, purplish color, which soon develop into bullæ. These children die a few days after birth from exhaustion, in spite of the most assiduous care; they live at the longest two or three weeks.

Rupia syphilitica is known by the development of small flattish bullæ, surrounded by a faint areola, few in number, containing at the very outset transparent serosity, but very soon a mixture of blood and pus, giving place by dessication to thick scabs beneath which is more or less unhealthy ulceration, with a dirty, fetid discharge. The crusts are diagnostic; they are dark, and stratified in such a way as to be conical, like an oyster-shell. The rupial spots may be seated on any part of the body, face, head, limbs or trunk. It is almost invariably associated with poverty of the blood and enfeebled vitality. Syphilitic rupia is very persistent. Fresh scabs and ulcers appear in the vicinity of those first formed, so that the various stages of the eruption may be frequently observed on the same person. During the reparative process, if the scabs be allowed to remain undisturbed the ulcer granulates up from the bottom, and when at last the scabs, having become dry and brittle, fall off, may have already attained a higher level than that of the surrounding surface. The succeeding cicatrix is of a sombre red or copper color, abruptly depressed and indelible.

Many varieties of rupia have been made, according to the size and shape of the crusts and the degree of ulceration, although in all the different varieties it will always remain as a diagnostic mark of syphilitic rupia, that beneath

the impetiginous crust there is only an excoriation. If the spots are of fair size, the disease is termed *rupia simplex*; if the crusts are large and prominent, *rupia prominens*; if the ulceration is marked and the patient cachectic, *rupia escharotica*; but all such divisions are immaterial, as a slight alteration in the relative power of health or disease, or an accidental or incidental change in the outward conditions, will give one or another form.

Syphilitic pustules. (Acne, impetigo and ecthyma syphilitica—pustulo-crustaceous syphilitic eruptions.) Pustules result in several ways; either from rapidly suppurating vesicles, or by the tops of papular eruptions suppurating the contents of these pustules dry to crusts and leave a more or less deep ulcer after their removal. These syphilides are generally attended with glandular indurations, axillary, cervical and inguinal; the patients have a cachectic look and are frequently troubled with affections of the serous membranes and rheumatic pains.

Fox (*l. c.*, 289) adopts three primary forms of syphilitic pustules and a secondary form. First. Syphilitic inflammation of the follicles, especially of the scalp and of the side of the face. It occurs pretty early, and the spots are marked by a hardish base, a copper-colored areola, an indolent course, and the occurrence of cicatrices, with dull stains. Second. Syphilitic acne is common and involves the entire sebaceous glands, especially about the sides of the face, on the scalp and the trunk; it may even be confined to the lower extremities, an important fact in establishing the diagnosis. The acne spots are of small size, generally acuminated, seated upon a prominent base, show little tendency to spread and remain stationary for several weeks before becoming covered with scabs, which are small, dry and of a grayish-brown color, and leave distinct cicatricial pits behind, and dark-colored stains. Third. Syphilitic ecthyma is seen about the trunk, but especially the limbs, the lower more than the upper, and occasionally the head.

The pustules are phlyzacious, scattered, with a coppery base, and indolent; they are scabbed over with dirty brown or blackish scabs, covering ulcers with indurated and dark edges, which on healing leave behind scars and characteristic stains; the crusts are peculiarly thick and very adherent.

In the papular or tubercular form, which pustulates, the pustules are found about the forehead and face and on the trunk; they are successive, numerous, isolated and scattered, soon acquire a coppery hue and are indolent; thick greenish crusts may form, and beneath them is ulceration depressed in its centre and leaving behind scars and copper-colored stains. This brings us to the

Tubercular syphiloderma, which may be divided into two classes: First. Those which terminate in desquamation or resolution. Second. Those which suppurate and form ulcers. The former are hard, shot-like bodies, occupying the whole thickness of the skin, above which they project to a variable extent. They are usually of a dark-red color, sometimes tense and shining or covered with thin scales, which fall off and give place to others or are surmounted by scabs, which are the product of an effusion of serum beneath the epidermis without deep ulceration. They are *neoplasmata*, and a diagnostic feature of them is, that they cannot be made out to be enlargements of the follicles (acne) of the skin, as they never present a central point. When aggravated they form groups which are generally circular, but sometimes irregular. Such groups of tubercles form distinct patches, the edges being bounded by well-marked tubercles, the whole surface of the patch being scaly; and the patch constantly tends to enlarge by the subsidence of the old tubercles and the development of new ones external to the first; the size of the patch augments and the increase of the growth of new tissue, or infiltration, thickens the patch. In some instances, instead of forming wheals, tubercles are collected into irregular

masses, in which, however, a tendency to the circular form is still manifest, and if closely approximated, the general thickening of the skin beneath may elevate the patch to a considerable distance above the surrounding surface. All tubercles are very slow in their progress and decline, and often persist for many years.

Second. Further changes may take place in tubercular syphilis, viz., suppuration and ulceration. Tubercles in certain persons, instead of being absorbed, break up into unhealthy pus, and give out an ichor that dries into dark adherent crusts. In ulcerating tubercular syphiloderma the ulceration in one instance may be deep and is called the *perforating* form, in the other superficial or *serpiginous* form. In the former the tubercles are large, few, livid-red, with a copper-colored areola, having a tendency to ulcerate deeply, and are very painful; the ashy-colored and foul ulcers, which may become confluent, crust over, the ulceration meanwhile eating more deeply, the crusts being repeatedly shed and reproduced. The disease is most common about the face, and thus the nose may be destroyed. Severe ulceration is generally a symptom of tertiary syphilis, and accompanies marked cachexia, indurations of the periosteum, syphilitic caries, etc.

When the ulceration is superficial, it creeps along the surface in bands or circles; the surface of the ulcer becomes covered over with the blackish crusts, which fall and are reproduced from time to time; the tubercles themselves are larger, and if the ulcers heal, distinct livid cicatrices remain behind; if the tubercles become confluent, the ulceration is more marked. Another ulcerative condition is the fissured tubercle, which is small, with a lineal ulcer in the centre; it is accompanied by a good deal of pain and a thinnish ichor is exuded from it; it is seen about the side of the nose, lip, scrotum and anus.

Syphilitic ulcers have sharply-cut edges and the tuber-

cles around are hard, smooth, dryish, dense, shining and copper-colored; they are foul, dirty, ashy, exuding ichor, and the tissues around are infiltrated and indurated.

Syphilitic alopecia is pretty common. Ulceration of the hairy skin, the formation of tumors or seborrhœa may cause a falling out of the hair. The hairs become harsh and brittle, their bulbs become atrophied and they come out with combing. The loss of hair sometimes takes place over the whole body; when this occurs, the patients are generally cachectic; the hairs, however, grow again after several months, when the syphilitic poison is overcome.

Onychia syphilitica. Purulent formations about the ends of the fingers are always signs of debility. It may attack the structure of the nail itself, or the matrix especially. The skin around the nail becomes diseased, is reddened, swollen and painful, which symptoms disappear again, partly from absorption, partly from suppuration of the skin, with shedding of the nail. Several nails may be attacked at the same time, and that symmetrically; the progress is very indolent. The nail may also become the seat of a painful tubercle, which raises up the nail from its bed and it thus becomes detached. In other cases of syphilis the nails simply atrophy and are lost, or they become ill-formed, friable and stunted.

Syphilis cutanea vegetans (Condylomata lata. Plaques; muqueuses). They are hypertrophied papillæ moistened by secretion and containing rather more fibrous and elastic tissue than usual. The walls of the vessels leading to the condylomata are affected to a great extent, and the cell accumulation is found especially along the vessels. They are seen most frequently around the anus, on the scrotum, perineum and prepuce, on the inner surfaces of the thighs, on the vulva, the navel, the female breasts, in the axillæ, at the corners of the mouth and nose, and generally in those places where there are large sebaceous glands and hair-follicles and deep folds of the skin.

When exposed to friction the pellicle covering the patch is removed, and a red, superficial, but depressed ulceration takes the place of the elevated disk. Unlike most syphilitic eruptions, condylomata are frequently attended by pruritus, especially when seated upon the scrotum and perineum, and when proper attention to cleanliness is not paid or the parts have become warm and moist from exercise or prolonged contact in bed. Mucous patches are exceedingly chronic and persistent, and very prone to reappear; they are, indeed, the most frequent evidence of the renewed activity of the syphilitic poison.

Syphilodermata must be also divided into *hereditary* and *acquired*. The former may depend on the male or female parent; the child may be born with an eruption, or that manifestation may not appear for some months after its birth; in rare cases even several years may pass by, and cases are also on record where children born of a father or mother affected with syphilis escaped the infection, clearly showing that a certain disposition to receive constitutional disease is necessary for the child as the adult, and this may be absent. The appearances of syphilis in children are: brown scabs on a surface more or less inflamed, tubercles of every size and form, snuffling from inflammation of the nasal membrane. In minor cases, where the disease appears after some months, the tendency is to scaly patches, the teeth are rough and imperfectly formed, and the nails and hair both show diseased action. We miss the copper-color in children, the maculæ are pale-red or dirty-brown, pustules display less infiltration, as children with congenital syphilis are generally very anæmic, and the skin is correspondingly more wrinkled.

It is a pity that we know nothing whatever of the character of the virus of syphilis. It acts in the most minute quantity, its influence is too often protracted and in some cases even permanent, and instead of manifesting a definite set of phenomena and then being eliminated, it

seems to change its character with time and gives rise to many different forms of disease. Cauty (*l. c.*, 135) remarks on this point that the virulency of syphilis is weak but very permanent, the germ losing its power slowly and being equally slowly eliminated from the system. Its predominant property is to grow and cause stagnation locally; if it should increase rapidly or if there should be a sufficient quantity absorbed originally the germs may cause general irritation, but this irritation is of a very transient character. These disease germs, like other animal germs, cannot multiply unless they can affect the circulation; the special predilection of syphilis is to cause stagnation. The exact action of the germ when absorbed, is to retard the circulation. We then have all the symptoms of depression—lowered pulse, absence of color, dullness of the eyes, lassitude, etc. The blood is rendered thin and watery, the red granules decrease in number, increase in size and become soft, pliable and easily mix with the fluids, losing their separate existence; the white corpuscles increase in size and become softer in texture; as a consequence of this state of things, at some point or points of the tissues, the enlarged white corpuscles become incapable of passing through the capillaries; we then have a point of stagnation around which both white corpuscles and disease germs increase and multiply. As a consequence of such increase of white corpuscles, we have the various hypertrophies of scales and tubercles; or if there be exudation beneath the epidermis, papules, to all of which formations the syphilitic germ gives the characteristic sign of red granular matter, mixed with the fluid exuded. Such a languid and slow state of stagnation is only possible locally, for if the general system was so depressed we should have death. The local equivalent occurs in some forms of syphilitic skin disease, as ulceration or death of tissue.

Treatment. For centuries *mercury* has been known as the

great anti-syphilitic remedy and volumes have been written in its defence or in opposition to its use in syphilis. Our studies must lead us to the decision that this metal is the true simillimum of the venereal poison. Headland (*On the Action of Medicines*, p. 371) remarks, that *mercury disintegrates or decomposes the blood and thus wastes the body*. The blood under mercurial action contains more water, and is more prone to putrefaction than healthy blood. The fibrine, albumen and red globules are diminished in amount, and a very fetid matter is present in large quantity. Smith has observed that the blood coagulates with difficulty. When coagulated, it is cupped and buffed, but it is the buffy coat of anæmia and not of inflammatory blood; the clot appears rotten and is easily broken down. By this artificial disease that it produces, it may cause, when pushed to excess, various constitutional disorders of a very serious kind. As agents which impoverish the blood drive it to the tissues for its replenishment, and give work for the absorbents, so mercury wastes the frame, causes the body to become thin and feeble, the face pallid, and diminishes the nervous energy. It may excite the febrile or typhoid condition called "mercurial erethism," or a disease of the skin of a squamous or eczematous character, the "hydrargyria."

Ringer (*Handbook of Therapeutics*, 213) finds it singular how *similar the phenomena produced by mercury are to those which result from syphilis*, and thinks that the secondary and tertiary symptoms, which are laid to the charge of mercury, can be produced undoubtedly both by syphilis and by mercury salts; so that, if these salts are given too freely and for too long a time, or under improper circumstances, they inflict great harm by aggravating the diseases they were given to cure.

If it be true that we know nothing whatever of the character of the syphilitic poison, Nothnagle also, (*Arzneimittellehre*, 229) acknowledges that it is impossible

to explain the mode of action of mercury. We may adduce single data, but they do not suffice to disclose the origin of the effects produced by mercury. And Headland coincides with him, as he remarks that "by some inscrutable chemical (?) power, of whose agency we know nothing, mercury is able to decompose the blood."

Authorities disagree about the indications for the use of mercury in syphiloderma. Thus Bumstead (*l. c.*, 559) finds mercurials only required for the superficial eruptions which terminate in desquamation, belonging to the secondary stage of syphilis (erythema papules, squamæ and vesicles, which are either dry or are attended by a serous or thin sero-purulent secretion emanating from a superficial erosion). Our own Hughes (*Pharmacodynamics*, 395), on the contrary, finds it applicable when the local manifestations of the disease become *destructive*, when the eruptions take the form of impetigo and rupia, or when ulceration attacks the skin and mucous membrane. Yeldham also recommends a fair trial of the mercurials in syphilitic eruptions (the iodides or perhaps the corrosives), unless mercury has already been fully given. Bayes (*Applied Homœopathy*, 117) reports the skin "similar" to mercurius numerous, numbering certain vesicular, pustular and papular rashes, and gives the practical rule for the administration of mercury in these cases, that on pressure over the reddish blush which surrounds them, the color of the skin remains coppery or yellowish-brown until the blood returns to the surface. In very unhealthy subjects these vesicular and pustular rashes have a tendency to run into sores (Merc. corr.³⁰ every second night and 3d dec. twice a day.) Granier (*Homœolexique*, ii, 854) uses the red precipitate, the corrosive, the cinnabar and Merc. nitr., and finds them indicated in pustular and squamous syphilides, especially in psoriasis, for the cure of tubercles, ulcerations, and of great value in onychia syphilitica. Kafka (*l. c.*, ii, 647) considers mercurial preparations true

antisyphilitica only in certain concrete, strictly individualized cases. He uses the 2d dec. of Merc. corr., even for the primary soft chancre, and where no amendment follows after several weeks, he changes to the Merc. præcip. rubra; in indurated chancres (infiltrations of the connective tissue with fibrinous coagula) he relies on iodide of potash (Kali hydrojod. ʒj, Aqua. dest., Spir. vin., āā. ʒij., gtt. j. two or three times a day, adding one drop to the dose every third day), and where this fails he has recourse to the Merc. deutojoduratum given methodically. He considers the cinnabar (bisulphuretum hydrargyri) a grand remedy for secondary symptoms, ascribing its excellent effects to the combination of sulphur with the mercury. The simultaneous use of warm baths can be highly recommended in the treatment of syphilides. Tubercular tertiary syphilis needs quick resorption of the fibrinous exudations in the skin; hence the iodide of potash or the biniodide of mercury are indicated; but exulcerating tubercles as well as fissured and ulcerated condylomata yield usually to the red precipitate or to the biniodide.

Fox (*l. c.*, 305) considers mercury the remedy for all syphilodermata, except in those cases in which the drug may, in consequence of the state of cachexia, still further depress. In these cases, and those of tertiary syphilis, empiricism has taught that the appropriate remedy is iodide of potassium, but in some instances the combined use of both remedies is of much value, as in wide-spread tubercular syphilis. He discards all other preparations of mercury except the bicianide (hydrarg. cyanidi) and gives it in 1-12 grain doses twice a day, in pill form, administering iodide of potassium (grs. v. three times a day) at the same time.

Headland (*l. c.*, 204) considers mercury the single and best remedy in primary forms of syphilis, as the chancre, and early eruptions—as syphilitic lichen, roseola and le-

pra—and in syphilitic iritis. It is well known that mercury has the power of producing a decomposition of the blood. Syphilis, with the eruptions and ulcerations and necrosis and cachexy that result from its working, is obviously an agency which itself tends sooner or later to impoverish the blood; and it seems to me not unreasonable to suppose that mercury in its destructive action may seize first on those parts of the blood which are most diseased, or most liable to putrefaction, that it may grapple thus immediately with the fermenting and multiplying virus of syphilis, decompose it, as well as those materials of the blood on which it has commenced to feed, and eliminate both these and itself together by the glandular outlets of the frame. *To cure the corrosion of the vital parts the mercury corrodes somewhat further and deeper and sweeps all away.*

Iodine and its preparations produces erythematous, papular, vesicular and pustular eruptions (Fischer, *Vienna Med. Wschft.*, 1860) and exerts on the blood some special catalytic action by virtue of which the morbid actions of secondary syphilis are counteracted. As an anti-syphilitic its use is confined to latter symptoms, as to periostitis, and to late eruptions, as rupia (Headland, *l. c.*, 381). Cauty also considers the action of Iodine quite unequal to meet the action of the syphilitic germ at first, whether combined with potash or ammonium or with iron. If you have any hopes that of itself the iodide will counteract the disease, it requires many months of steady administration and a very feeble action of the disease to be removed. Wilson (*l. c.*, 206) on the contrary has great confidence in the iodide of potassium in all the eruptions of a recent period and also in the ulcerative forms, but this remedy as well as the mercurials must be used properly, demanding great judgment and discrimination.

Hughes (*l. c.*, 334) acknowledges that our school also uses the iodide of potassium more *ex usu in morbis* than

from the pathogenesis of this remedy in secondary and tertiary syphilis, and most of our physicians give it therefore in material though not large doses. Lobethal (*A. H. Z.*, 30) prescribes it for the cutaneous affections and ulcers of a sickly color, and for tubercular and papular eruptions of the face.

Gold and *Platina* have been used by physicians of the old school for the cure of syphilodermata when the system has been previously subjected to the action of mercurial remedies. We find indications for the former in the marked depression of spirits so often witnessed in syphilitic patients, with a suicidal tendency, and in its great antidotal power to the action of the mercurials. It is (Hughes, *l. c.*, 127) an admirable remedy for those constitutions broken down by the combined influence of syphilis and mercury.

Nitric acid is also well known as an antidote to syphilomercurial poisoning. Rummel found it to act well for broad red spots resembling psoriasis, subsequent to the treatment of primary ulcers with large doses of mercury. Fielitz cured with it isolated, burning, ulcerated surfaces on the hairy scalp, accompanied by ecthymatous pustules in the face, forming crusts, and surrounded by broad, red areolæ. Hofrichter for brown spots on the glans of the size of lentils, and vanishing after their membranes become detached, together with brown tubercles near the seam of the scrotum and on the perineum as far as the anus; these tubercles are of the size of peas and ulcerate. (*Jahr's Venereal Diseases*, 225.)

In coming to the more simple treatment of Ferguson, Boeck, Baerensprung and others, we find the expectant treatment in the ascendancy, as they rely on inert remedies or laxatives; and even Wilson states it as a general axiom that all eliminating means are useful in syphilis, and that each and every successful treatment may be resolved into the two processes represented by the words

elimination and restoration. Thus a famous method of treatment, once in great favor, consisted in epsom salts, milk diet and clinical decubitus. We may use with equal benefit the milk diet and the clinical decubitus, and study out what other remedies we may use for the eradication of syphilis, for the cutaneous affection remains to us only as an outward sign of a constitutional affection.

Thuya disputes the rank for the cure of condylomata. It is the great antidote to sycotic diseases showing itself in the shape of warts, condylomata, cauliflower excrescences on or about the genital organs and hairy parts of the body. The patient is low-spirited and desponding.

Dulcamara. Herpes preputialis, easily bleeding, brown, dry, humid or furfuraceous, red, pale-red or with a red areola; round, scaly and small herpes; suppurating yellow herpes; thick brown crusts on the face, forehead, temples and chin with reddish borders, bleeding when scratched; exostoses on the upper part of the right tibia, with bluish-red spots, suppurating lumps.

Hepar s. c. Another antidote to overdosing with mercury. Falling out of the hair after the abuse of mercury; pustules on the scalp, secreting copiously, with glandular swellings; rhagades of the hands and feet; alternate appearance and disappearance of brown spots on the whole body.

Kali bichromicum. Papular and pustular eruptions; ulcers with hard bases and overhanging edges, deep and generally dry; pustular eruptions, which have a hard dark scab and leave a depressed cicatrix; small pustules over the body similar to small-pox, they disappear without bursting; periosteal pains; syphilitic rheumatism.

Phytolacca. Syphilitic periosteal rheumatism; secondary and tertiary syphilitic eruptions, especially psoriasis.

Staphysagria. Another sycotic remedy as well as beneficially acting against the constitutional effects of mercury. Humid, scalding-itching, fetid eruptions; periosteal pains, worse at night.

Stillingia sylvatica. Chronic secondary eruptions, complicated with venereal rheumatism ; periostitis and nodes on the tibia ; ulcers with unhealthy skin.

Other remedies might be indicated *pro re nata*, as Arg. nitr., Arsen., especially Ars. jod., Calcar. (especially in congenital syphilis), Lachesis (phagadæna), Petrol., Rhus tox., Rumex, Sanguin., Sèpia, Silic., Sulphur, and many more, but our space being limited we refer to the *Materia Medica*.

Scrofula-dermata.

Scrofula of the skin is only a part of a general diathetic condition. We know just as little of the essence of scrofula as we know of syphilis ; we only know that it modifies and deteriorates the organism. Ricord is certainly wrong when he considers it always a form of hereditary syphilis ; others see in it an exaggerated action of the lymphatic system, and many of our school look at it as the expression of the Hahnemannian psora. Raue (*l. c.*, 545) in his concise manner terms scrofulosis a cachexia which manifests itself as a nutritive disturbance in the external skin, mucous membranes, joints, bones, organs of sense, and above all the lymphatic glands. The special changes in the skin are eruptions, which usually have their seat in the face and on the scalp ; they consist in a superficial dermatitis with exudation of lymph upon the free surface, constituting eczema or impetigo, or, as they are likewise called, tinea or porrigo, etc. Destructive processes, like lupus, do not take place until a much later period.

Wilson (*Diseases of the Skin*, 367) describes the tubercular swellings of cutaneous scrofula as of small size, indolent, and of a purplish red or livid color ; they soften internally, break after a time and give exit to a white curd-like matter and to an imperfect pus, often remain open or fistulous for a long time, showing very little disposition to close, and when the healing is at last accomplished, an ugly scar is often left behind. The chronic character

of scrofuloderma finds its explanation in the low vitality of the morbid tissues from weak nutritive power, and hence defective assimilation and sanguification; we find, therefore, scrofulous persons generally fair in complexion, pallid, flabby in tissue, and more or less anæmic, and our chief reliance must be put in the maintenance and support of the vital power of the patient, for we contend as against a debilitated constitution.

The old school relies on phosphate of lime, cod-liver oil, iodine, iron, nitr. ac., combined with tonics, for the eradication of this diathesis, with animal diet. Our sheet-anchors are Sulphur and Calcar. Other important remedies are: *Alnus rubr.*, *Asaf.*, *Aurum*, *Badiaga*, *Baryt.*, *Bellad.*, *Cale. carb.*, *Cale. phosph.*, *Cistus*, *Conium*, *Hepar*, *Hydrast.*, *Iodium*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Phytol.*, *Rhus tox.*, *Rumex*, *Sepia*, *Silic.*, *Stillingia*.

Neuroses of the Skin.

The nervous disorders of the skin are: First, Disturbances of Sensibility, (a) Anæsthesia (b) Hyperæsthesia. Second, Motor disturbances. Third, Angio-neuroses.

First. The papillæ furnish the sensation of touch, and after their destruction the sensibility to changes of temperature, pressure and relations of distances ceases.

(a) *Anæsthesia*. The causes of anæsthesia lie either in the brain, in the course of the nerves, or in their peripheral endings. All anæsthetic remedies produce anæsthesia through their action on the brain; to the second class, for instance, belong those in the course of Elephantiasis Gracorum; and to the anæsthesiæ of the third class, those caused by burns, injuries, the action of caustics and local anæsthetics. It is mostly a secondary symptom of other diseases.

(b) *Hyperæsthesia*, or exalted sensibility of the skin, if general, is secondary to brain and spinal diseases; occasionally it is idiopathic, and when this is the case par-

takes of the nature of an hysterical pain. The skin is morbidly sensitive to all impressions, *e. g.*, friction of the clothes, the air pressure, and even that of lying.

Pruritus—in plain English, “itching”—may occur without any apparent cause, but that is because we do not see where the cause is; not that it is wanting or that the nerves have acquired unusual activity *per se*. This sensation accompanies many diseases, as eczema, scabies, etc. As a general rule, only those skin diseases itch in which the papillary layer is irritated, while wounds and ulcers which extend deep into the subcutaneous tissue are only painful. In prurigo the itching is very intense only when new papules are forming, and ceases with their destruction. In many dyscrasic diseases, as syphilis, the exanthemata, and lichen scrofulosorum, there is no itching, while nettles and the epizoa occasion it as soon as they come in contact with the skin. We see, therefore, that true dyscrasic diseases which come from the blood cause no itching, while ever so slight an irritation may be accompanied by the severest pruritus, and that, therefore, this state in most cases is caused by some local process. Hebra first insisted on this fact.

The sympathetic excitation of pruritus indicates its nervous character, which is also manifest by the manner of its attack, coming on suddenly, raging with violent fierceness, sometimes periodic, and subsiding for a while totally. It may occasionally be general, but is more frequently local. The former is frequently connected with physiological changes in the uterus. Thus women may suffer intensely from itching during the whole period of their pregnancy; morbid alterations in the uterus, anomalies of menstruation, Bright's disease, hepatitis, icterus and granular liver may produce the same; itching is also a frequent accompaniment of senility.

Pruritus senilis, caused by retrograde metamorphosis, is an affection of old age. Nothing else is observed in the

skin but laxity and thinness of the integuments, with perhaps plugging up of a certain number of the follicles by the exuviae shed from the sebaceous glands. It is increased by heat, cold, the warmth of the bed, by digestion and other things, and may take on the form of stinging, creeping or burning sensation. It may also appear in persons who cannot be considered old, from mal-nutrition, from worry, anxiety, mental over-exertion, etc.

Pruritus ani, seen especially in corpulent persons, is a constant result of hemorrhoidal tumors and intestinal worms, but generally comes from eczema or intertrigo. By reflex action it may also occur from uterine disorders. The result of scratching is to give rise to the development of papulae, and, it may be, to considerable inflammatory thickening.

Pruritus pudendi, or itching about the genital organs, is common in women, and arises from a variety of causes, as eczema, intertrigo, the presence of vegetable fungi, ovarian and uterine irritation, hemorrhoids and varicosity of veins of the genital parts. It is frequently observed in amenorrhœic sterile females and those at the climacteric period. The itching affects either the clitoris, the labia majora or the vagina, and is often very obstinate. From the friction, which may even amount to masturbation, we have at first excoriation and afterward a chronic infiltrated eczema or leucorrhœa.

Emollient and vapor baths and anodynes locally applied, are recommended, provided the general health be carefully attended to.

For simple itching of the skin while undressing or after getting warm in bed, or by exercise: Bryon., Coccul., Nux vom., Oleand., Opium, Pulsat., Rhus tox., Silic., Sulphur. For pruritus icteroides: Chelid. For pruritus senilis: Arsen., Baryt., Crotal. For pruritus ani: Alum., Ammon., Calc., Carb. veg., Caustic., Ignat.

(ascarides), Lycop., Nitr. ac., Sepia, Sulphur. For pruritus pudendi, (a) Scrotum: Antim., Caustic., Graphit., Lycop., Nitr. ac., Petrol., Sulphur; (b) female genital organs: Ambra (pregnancy), Calad., Carb. veg., Collins., Helon., Hydrast., Hydroc., Tarant.

Collinsonia. Pruritus vaginæ from hemorrhoids.

Carbo veg. Itching of vulva and anus from varicose veins in external genitals, producing even dysuria.

Helonias. The mucous membrane of the labia is red, swollen and covered with a white, curdy deposit like aphthæ; no sexual excitement.

Hydrastis. Excessive pruritus, with profuse albuminous leucorrhœa and sexual excitement.

Tarantula. Dryness and heat of the parts, intense itching, worse at night.

Ludlam (*Diseases of Women*, 16th) recommends, according to indications, Natr. mur., Sepia, Silic., Sulphur, Arsen., Calc. carb., Conium, Mercur. and the various acids.

Compare also Guernsey's *Obstetrics*, second edition, p. 575.

Second. *Motor Disturbances*. Neumann (*l. c.*, 390) represents the *cutis anserina* as a "motor disturbance," a condition of the skin in which small papules of the size of a hemp-seed appear, caused by the contraction of the muscular fibres running to the base of the hair-follicle, whereby the hair is erected and the follicle protruded. These papules may also be produced by the electrical current, during the chill of intermittent fever, and by the direct action of cold upon the skin. *Cutis anserina* is therefore no disease.

Third. *Angio-Neuroses*. Neumann puts in this class the neuroses following paralysis, in which the nutrition of the affected portion is retarded, the part withers, the hairs and nails drop off, or whole joints are lost (see *El. phantiasis Græcorum*).

There is no doubt but that a large proportion of cuta-

neous diseases depend upon disorders of the vaso-motor nerves, which cause certain derangements of the circulation in the arteries, veins and cutaneous glands. Anæmia and hyperæmia of the skin happen from vaso-motor irregularities, some from the brain, some from the spinal cord, or from the action of cold, or the electric current; anæmia especially follows cramp and contraction of the muscles.

Landois and Eulenberg consider acne rosacea a vaso-motor neurosis of the ethmoidal nerve.

Baerensprung and others consider the origin of *herpes zoster* to be an inflammation of the sympathetic fibres of the small spinal ganglion. The supply of blood is increased, the small arteries are distended, and as a consequence there are serous exudation and the formation of vesicles. Urticaria also depends on a circumscribed vaso-motor affection, which may originate from very different portions of the organism. The same is true of lepra anaesthetica. Of the same nature are the eruptions caused by iodine, bromine, copaiva, cubebs, cod-liver oil, quinine, digitalis, and that caused by malaria.

CHAPTER V.

ACUTE ERUPTIVE DISEASES.

Contagious exanthemata rather belong to works on general medicine, inasmuch as the phenomena presented by the skin in these diseases play a very subordinate part as compared with the constitutional symptoms. Still, for the sake of completeness and for the purpose of diagnosis, it may be advisable to describe the eruptions themselves.

These eruptive affections derive their origin from a specific cause, a zymotic (fermenting) poison, which presents phenomena of a special and peculiar kind. Of the nature of these poisons (disease germs) we have very scanty

information; we know only that they enter the blood, that they set up in the blood a process of fermentation, and that the poisonous ferment is conveyed by the blood to every part of the economy. When the disease germs of the contagious fevers have been absorbed, they increase imperceptibly for a certain time before showing any signs of their presence. This time, which is very various, is called the *period of incubation*. At length they are sufficiently powerful to affect the circulation, and commonly make their presence known by causing what is termed a chill, which may be very distinct or more or less marked. The more distinct the chill the higher the consecutive fever, which is only the reaction of the vital power, which tries to resist and resents such presence, and throws it out on the cutaneous (external as well as internal [mucous membrane]) surface. The results of such fevers produce the various eruptions we have now to consider, which may be trifling or severe and even dangerous to life, according to the quantity and quality of the disease germs on the one side and the reactive vital power of the patient on the other side.

Rubeola.

Rubeola or Measles is the first, as it is the mildest, of the three exanthems to be described. We designate by this name a disease in which spots or papules, separated from each other, appear over the whole surface of the body, which eruption is accompanied with fever and a catarrhal affection of the mucous membrane of the respiratory tracts, runs an acute and typical course, and is contagious. Regarding the first source of the disease, whether it be organic or inorganic, we know nothing; and the question of its fungous nature is still more than doubtful. The germ of measles can not only be inoculated but the exhalations from the skin and lungs seem also to contain the poison. The duration of the period of incubation amounts to about twelve or fourteen days, but may be

longer when the affected person already suffers from another disease. Infection is possible during the prodromal stage, increases while the eruption is out, and ceases with the stage of desquamation. Most persons are attacked during childhood, and this may be the reason why we see so little of it among grown persons, for, as a rule, the predisposition ceases for the rest of life after an attack.

Measles occur in more or less wide-spread epidemics, and their duration is generally in inverse ratio to their severity; and this again to the frequency of recurrence; the shorter they are, the more severe, and the more frequently they occur, so much the milder is their course.

The general symptoms, course and results of measles are those produced by slight irritation; parts which habitually secrete discharge more plentifully, and the congestion of the mucous surfaces is relieved by moist exudations. Thus we have, as first symptoms of measles, sneezing; lachrymation and cough; sickness from irritation of the stomach or disturbance of the alimentary canal; the pulse is somewhat over a hundred; gradually the skin, from the face downwards, becomes spotted with a rose-colored rash, leaving spaces between the spots or clusters of spots free from the eruption. The eruption is not attended by any marked increase of fever, and as soon as it is fully developed the febrile symptoms diminish. Three or four days elapse before the eruption makes its appearance, and nearly two days more before it covers the body; the redness then gradually disappears, and the subsequent desquamation takes place in the same order that the rash has become visible, the scales thrown off being small and thin.

The diagnosis of rubeola as an exanthem rests first on the crimson color; second, on the punctated rash; third, the disposition of the puncta in small clusters obscurely oval in their figure. It is a well-established

fact with regard to the exanthemata, that the hyperæmia is always greatest on those parts of the skin which are habitually exposed to the air; hence we find the papulæ more prominent on the face than elsewhere, while the clustering is more distinct on the body. According to Simon, the papules arise from the collection of small quantities of inflammatory exudation in circumscribed places, mostly where the hairs penetrate the skin.

The general fever may cause suppuration of latent tubercle, may aggravate scrofula, may lead to bronchitis, pneumonia, enteritis or dysentery; ophthalmia morbillosa is also a frequent complication. Besides the synochal form, we have also the asthenic, nervous, torpid or septic measles (*morbilli nigri*); and this form may become complicated with lobar pneumonia, in which the temperature may rise to an unusual height and the heart's activity, which was at first increased, becomes weakened and paralyzed. Children who pass safely through the earlier stages die in a profound collapse, sopor, and with a small and greatly accelerated pulse.

All medicinal interference is unnecessary in mild cases of measles, and our attention should be confined to proper regimen. The temperature of the sick-room should be maintained at about 65° F. and the air in the room changed daily. The patient may be washed with lukewarm water and the linen changed, with the precaution that the linen be dry and well warmed and that the body does not remain too long uncovered. The room should be only moderately darkened, corresponding to the amount of conjunctivitis present. The fever indicates the diet, which, during its continuance should consist of thin soup and dry bread; cooked fruit may be allowed when the bowels are confined; meat-broth and milk are not given till the fever has ceased, after which the diet may gradually be made more nourishing. The patients should keep their room while the stage of desquamation and cough

lasts. The therapeutics of complications must be regulated according to their requirements, and one must not be led astray by the exanthem. Neumann (*l. c.*, 117). Raue (*l. c.*, 590) recommends that after fever and catarrhal irritation have passed away, the patient be given a warm bath and on the following day a cool wash all over, taking care that it be done quickly and that the patient be well rubbed and dried with flannel afterwards. After that time he may be allowed to go into the fresh air, provided the weather allows of it.

Remedies usually found beneficial are: Acon., Bell., Bry., Gels., Puls., Ant. cr., Apis, Arsen., Camph., Carbo veg., Cham., Coff., Dros., Euphr., Hep., Ipec., Kali bichr., Merc., Nux vom., Phosph., Stram., Sulph., Veratr.

Roseola, (Rötheln), an erythema of a rosy hue, is likely to be confounded with measles; but it possesses no catarrhal symptoms, there is no relation between the febrile symptoms and the amount of eruption, there is no epidemic influence at work in its production, it is irregular in its distribution, non crescentic, not uniform, not dark-colored, but irregular, rosy, and often commencing in other parts of the face. Little is known as to the cause of roseola, but a few doses of Aconite or Gelseminum frequently suffice for its removal.

Some American writers call this eruption *Rubeola* and the genuine measles *Morbilli*, but Fox, Neumann, Hebra, Cauty, Wilson and others consider *Rubeola* as measles.

Scarlatina.

Scarlatina or Scarlet Fever is an acute contagious disease, characterized by a scarlet-red rash over the whole or a greater part of the surface of the body, accompanied with fever, sore throat, and a slight hyperæmia of the kidneys. The contagion of scarlatina is quite as unknown to us as that of measles; it appears to be contained in the exhalations of the patient and to be communicated to the sur-

rounding atmosphere. The period of incubation appears to be shorter than that of measles and to amount to about eight days. The disposition to take the disease ceases mostly after a single attack for the whole life, although there are also exceptions to this rule.

In most cases there is but little if any disturbance of the health during the stage of incubation; sometimes we have lassitude, depression and malaise. The prodromal stage is ushered in by febrile symptoms, frequent chills alternating with dry burning heat, pulse 140, and an elevation of temperature to 104° F. With these are soon associated dizziness or severe headache, nausea or vomiting, redness and swelling of the tonsils and soft palate. (In scarlatina and measles the soft palate is early reddened, but in measles this is in patches, while in scarlatina it is more evenly punctated.) There is a feeling of dryness and burning in the throat, which is increased by attempts to swallow. Young children are very apt to have convulsions during this stage, which cease with the breaking out of the eruption; but convulsions after the eruption is fully out are far more dangerous and too frequently fatal. The prodromal stage may last a few days and in some cases may be entirely absent. The stadium eruption begins with an increase of fever and of all other phenomena. On the second day the rash appears on the neck and face, and is made up of small red dots which crowd together, forming patches of various size and extent; after a while the whole surface becomes of uniform hue; on the third day the eruption is seen on the body generally, the upper extremities, and the mucous surfaces visible to the eye; on the fourth day the lower limbs are scarlet, whilst the surface is hot, dry and harsh. The eruption is most marked about the third or fourth day, and it is in general more intense in color towards evening, especially on the loins and flexures of joints. On the trunk it is often patchy. The eruption fades on the fifth day, first

on the face; desquamation follows on the eighth and ninth day, the epidermis being exfoliated according to the intensity of the eruption, on the extremities frequently in great pieces, or in fine scales.

Cauty (*l. c.*, 193) considers scarlatina the perfection of an irritant germinal disease, both in the severity of the symptoms and in the protection it affords against further attacks, as one attack of scarlet fever, however mild, is usually a safeguard for the future. The danger in scarlet fever arises from three sources, the putrefactive, the irritative and consecutive. In malignant scarlatina the putrefactive action has free course and the rash is imperfect, irregular, of a purple color; the patients are very weak and lie listless or are entirely comatose. The pulse is very small and can hardly be counted; the tongue dry and covered with sordes; the body is very hot, while the extremities are cold; the pupils are dilated; spasms or general convulsions often occur, and death too often follows with symptoms of collapse, often accompanied with œdema of the lungs.

In the irritative form the weight of the disease may be thrown on the throat. This parenchymatous tonsillitis may occur on the appearance of the eruption, or more rarely in the stage of full development, and produces great difficulty of deglutition and obstruction of the nostrils. Not only are both tonsils generally attacked, but the tissue around the tonsils is also involved in the process, which ends in the formation of abscesses, or gangrene in the worst cases, which may be recognized by the cadaverous smell before it is perceived by the eye. It soon extends to the surrounding parts and terminates life with a filiform pulse, quickened respiration, cold extremities and retention of urine and feces. Or the tonsillitis may take on a diphtheretic character. There is then in the beginning not so much difficulty in swallowing, but the nasal cavities and fauces are almost always simultaneously

attacked, and the at first apparently harmless secretion from the nose soon changes into a yellowish offensive one, irritating the skin over which it flows. On inspection of the mouth, fauces and pharynx, dingy white patches may be seen adhering to the red œdematous mucous membrane, which soon become detached and leave unhealthy ulcers.

The cervical glands on both sides are swollen. The patients lie in a comatose condition; the pulse is small and very frequent and the temperature 106 to 107° F. Sometimes a laryngitis, showing itself more by hoarseness than by cough, complicates the disease and hastens death. These complications have no influence upon the eruption, if the patients survive this stage. The inflammation sometimes extends through the Eustachian tube into the cavity of the tympanum, and gives rise to an internal otitis, which may lead to a perforation of the membrane and to caries of the os petrosum, causing an obstinate otorrhœa and a more or less considerable deafness during life.

During or shortly after the eruption is out, inflammation of the subcutaneous cellular tissue and the submaxillary glands may lead to great danger. This affection is similar to the typhous metastases. This painful swelling is recognized rather by its hardness than by redness and swelling of the skin; it increases sometimes rapidly in size and seldom ends in resolution; much oftener in the formation of abscess or gangrene. (Neumann *l. c.*, 123.)

The third danger arises from the affection of the kidneys. In all such cases we find too often a very mild eruption with hardly any fever, the throat may also be only slightly affected or not at all, and still the kidneys are seriously involved from the very start and may show afterwards that notwithstanding the absence or mildness of the febrile symptoms they have been disorganized by the result of germinal disease. Cauty says (*l. c.*, 196)

in all fevers in which there is pain in the loins the kidneys are affected; in scarlet fever we have the renal secreting surfaces especially attacked, at the same time the blood is forced into these glands, and the compensating or relieving action of the skin arrested. As a consequence of the state of congestion thus produced, we may have permanent disease or disorganization of these glands, or more frequently imperfect action for a time more or less prolonged; during which time the aqueous constituents of the blood exude into the areolar tissue, causing general dropsy, which may or may not be connected with albuminuria.

It is no uncommon thing to see rheumatoid affections with swelling of the joints, with much pain and tenderness, during the eruption, and even continuing during the stage of desquamation.

The prognosis depends on the amount of germinal matter taken into the circulation and the power of resistance possessed by the patient. The scrofulous diathesis offers an unfavorable soil, and glandular complications are here frequently noticed.

Therapeutics. Hydropathic Treatment. The wet-sheet pack once or twice a day should be applied as long as the fever is high, and tepid sponging frequently used. Where the feet incline to be cold, particular care must be taken to have them warm and comfortable whenever the pack or any general bath is resorted to, and hot bottles or hot footbaths answer this purpose. The anginose form may be treated with the constant application of cold wet linen cloths, well but loosely covered. In the putrid form the coldest water or pounded ice should be frequently applied round the neck and bits of ice occasionally taken into the mouth. Where there is great sickness and nausea during the eruptive effort, apply very cold compresses to the abdomen. Excessive restlessness, anxiety, delirium, headache may be relieved by a hot foot-bath, or a warm hip-bath and cold compresses to the head.

Hygiene and Prophylactics. Belladonna gained a deservedly high reputation as a prophylactic, but it acts only as such in the smooth variety; whereas we see now far more frequently the papular and even vesicular form, for which Rhus answers a better purpose. The separation of the well from the sick may be recommended, especially for scrofulous children, and in malignant epidemics it is imperatively demanded. The temperature of the sick chamber should be kept cool, about 59° F., and well ventilated; it ought to be thoroughly aired twice a day. The dry, harsh, hot skin demands careful sponging. Fresh cool water or lemonade are appropriate drinks; as nourishment, gruels made pleasant to the taste, milk and water, stale bread, and after a while milk; we had better be careful not to give animal food too early. Even in malignant cases with a typhoid character we would not advise alcoholic stimulants, or only in exceptional cases. Instead of sponging, some physicians use inunctions with lard in order to soothe the inflamed skin.

Our old school friends recommend to begin the treatment with a mild purgative to remove irritating ingesta or acrid secretions from the alimentary canal, and a few hours later liquor ammoniæ acetatis. Carbonate of ammonia, the dose according to the age of the patient and the severity of the disease, is a favorite mode of treatment, as it calms irritability, tranquilizes the nervous system, induces sleep, promotes the eruption, subdues fever, heat and delirium, soothes the throat and alimentary canal, and diminishes the quantity of viscous matter secreted by the mucous membrane of the fauces. Gargles pro re nata for the throat, of chlorate of potash and nitric acid $\text{āā. } \overline{3} \text{ i. to } \overline{3} \text{ viii. water.}$

Homœopathic Treatment. The precursory stage is far better controlled by *Veratrum viride* than by Aconite, and in moderate cases this remedy alone may carry the patient safely through. Cerebral symptoms may indicate

Bell.; the angina requires Bell., Baryt., Calc., Merc. sol. or Jod.; when gangrene threatens, Amm., Arum, Ars. jod., Lach., Chin., Arsen., Chin. sulph. Calc. carb. is nearly specific for the parotitis which sometimes sets in during or after the disease. The dropsical symptoms hint at Apis, Arsen., Digit., Helonias, Helleb., Hepar, Rhus, Terebinth. As special indications we would mention:

Ailanthus: *Adynamic malignant scarlatina* with general prostration and strongly marked cerebral affection; violent vomiting, dizziness and photophobia, muttering delirium, stupor and insensibility; pupils dilated; pulse small, weak, often irregular; skin harsh, hot and dry; livid eruption, more profuse on forehead and face; great thirst with dry, parched tongue; the throat congested, dark-colored, in some cases ulcerated and attended with great glandular swelling.

Apis. *Dry nose, dryness of the throat*, skin very red, hot and sensitive, somewhat relieved by cold sponging; great restlessness and nervous agitation; an œdematous appearance around the ulcers of the throat, with stinging pains; suppression of urine more frequent than repeated and painful urination; redness, heat, burning and dryness of the tongue; post scarlatinal dropsy, especially with hydrocephalic symptoms; scarlatina typhosa, the whole nervous system resting under the paralyzing influence of the poison.

Ammonium carb. Enlarged and livid tonsils covered with a rapidly degenerating, sticky, offensive mucous slime; burning pains in the throat; sticky salivation; faintly developed eruption; heaviness of the head; drowsiness; stertorous breathing; involuntary stools. Hard swelling of the right parotid and lymphatic glands of the neck, with tendency to gangrene.

Arsenicum. The eruption delays or grows suddenly pale, livid, or is intermixed with petechiæ; malignant sore throat; different dropsical affections; dyspnoea; extreme

restlessness and anxiety; rapid prostration and emaciation; burning heat internally with a cold external surface; frequent weak pulse; cold perspiration. British writers recommend Arsen. to hasten desquamation and repair of the skin and to restore the lost tone of the kidneys.

Arum triphyllum. Malignant scarlatina. Complete stoppage of the nose with constant discharge; breathing with open mouth; wings of the nose ulcerated; upper lips sore and red from the excoriating discharges; moist cough with excoriated feeling in the fauces and larynx during the day and spasmodic night cough compelling him to sit up; redness of the tongue with elevated papillæ; putrid sore throat; submaxillary glands swollen; urine abundant and pale; eruption all over the body with much itching and restlessness; stiffness of the neck; during desquamation.

Baptisia. Typhoid scarlatina; extensive ulcerations of the throat; great fetor of the breath; nausea followed by vomiting; tonsils inflamed; diphtheritic ulcers; dry sore tongue, coated at first white with reddish papillæ here and there, followed by a yellowish-brown coating in the centre, the edges red and shining; slight delirium; burning heat of face; oppressed breathing; dysenteric stools; scalding, high-colored urine; continued fever with great prostration.

Baryta carb. Enlargement and induration of the parotids and glands of the neck, with pains in the head and ears; salivation or else dryness of the throat, and pressing, stinging pains when swallowing; glandular sequelæ of scarlet fever.

Belladonna. Congestion to the brain, with delirium; horrible illusions on closing the eyes; wants to sleep and cannot sleep; anxious sleep full of dreams, with starting; throbbing of the carotid arteries; involuntary movings of the hands to the head; bending the head backwards; head hotter than other parts of the body; eyes injected; face

fiery red, or pale and puffed, or sunken; tongue white with red edges, or else red all over with raised papillæ; violent inflammation of the throat and tonsils, with stitchings, pains and spasmodic contraction; inability to swallow liquids, which frequently return through the nostrils; violent thirst, with or without dread of water; suffocating sensation on turning the head or touching the pharynx; external swelling of the neck; vomiting.

Bryonia. Delay or sudden retrocession of the eruption, with symptoms of pleuritis or meningitis.

Calcareæ carb. A perfect specific for the throat affections, parotitis or swellings around the neck, especially when the eruption is already fading; also for the affections of the chest, even when a tendency to paralysis prevails; aphthæ on the tonsils and roof of the mouth; scrofulosis.

Camphora. In desperate cases; commencing rattling in the throat; forehead and breath hot; hot perspiration; limbs cold and purple; sudden and complete prostration of the vital forces, with great coldness of the surface; sudden retrocession of the eruption, with cold skin and great prostration.

Carbo veg. Last stage (in articulo mortis) with rattling in throat and complete sinking of vitality; cool breath and extremities, and still the patient wants more air or wants to be fanned all the time; sticky, cold perspiration.

Cuprum. Convulsions before the eruption breaks out, or when it quickly disappears, with shrieks; rolling of the eyes; distortion of the face, mouth and of all the flexor muscles; great restlessness, throwing the body about; vomiting; cold face, blue lips, coldness all over; sopor; delirium; aggravation by contact.

Gelsemium. Intense fever, with nervous erethism during the prodromal stage; asthenic forms of scarlet fever, with profound and intense prostration of the whole muscular power; cerebral intoxication; pulse frequent, soft,

weak, sometimes imperceptible; impaired vision; spasms and paralysis. Symptoms are often remittent.

Helleborus. Dropsical symptoms in consequence of nephritis.

Hepar sulph. For all sequelæ which retard convalescence. Croupy inflammation of the nasal mucous membrane during prurition and efflorescence; swelling of the parotid and submaxillary glands; decrease of the urinary secretion, with traces of albumen or cylindrical tubuli; fully developed dropsy, with albuminuria; scrofulosis.

Hydrocyanic acid. The eruption in its early appearance is dark-colored and soon becomes livid, only slowly regaining its color after pressure of the finger; rapid, feeble pulse.

Hyoscyamus. Great nervous excitability without much cerebral hyperæmia; convulsions, with jerking of the limbs; stupid drowsiness or else great nervous excitability and sleeplessness; either stupidity or illusions of the imagination and senses; vacant staring at things or else sparkling, red, prominent eyes; embarrassed, indistinct speech; answers no question or else indistinct muttering loquacity; mouth and throat dry and red; inability to swallow; abdomen distended, tympanitic; paralysis of the sphincter muscles.

Kali carb. Swelling of the right parotid gland; fever and restlessness; always worse about three o'clock in the morning; smell from the mouth like that of old cheese; great dryness of the skin; œdematous swellings, like little bags, between the eyebrows and upper eyelids.

Lachesis. Scarlatina maligna; threatening gangrene; deep redness of the tongue and fauces; the sore throat and the membranous deposit commence in the left tonsil and spread towards the right; external swelling of the neck and glands, with great sensitiveness even to the slightest touch; saliva abundant and tenacious; torpid peripheral circulation, with cool surface and cold perspi-

ration; passive hemorrhages of dark fluid blood; urine very dark colored; dullness of the cerebral functions; heaviness of the head and pains deep in the brain, aggravated by external pressure; muscular prostration.

Lachnanthes tinctoria. Stiff neck, the head being drawn to one side, after scarlatina and diphtheria.

Mercurius sol. Sore mouth, studded with small vesicles, with pyalism and excessively foul-smelling breath; dirty-yellow coating of the tongue; great thirst; ulcerated throat and tonsils; swelling of all the glands of the neck; itching and restlessness; sweating only makes the patient feel worse.

Mercurius protojod. Excessively intense angina; induration of the parotid and cervical glands and tonsils; diphtheritic affections, with excessive muscular prostration; desire to lie down, but feels worse during rest and in a warm room; sharp, throbbing, boring pains from within outwards deep in the left ear; urine dark red and copious; after Lachesis, when there is loss of voice, hoarseness, can only lisp.

Muriatic acid. Intense redness all over the body, with great drowsiness, or the eruption is scanty and interspersed with petechiæ; typhoid condition, with anxiety and restlessness; excessive dryness of the mouth and tongue, or aphthæ and ulceration of the mouth and throat, with fetid breath; acrid discharge from the nose, excoriating the nostrils and upper lip; gangrene, with sloughing of the mucous membranes.

Nitric acid. Scarlatina miliaria with very hot skin; intermittent breathing; tonsils swollen and sore, with great difficulty of swallowing; the angina extends up to the nares, with thin, purulent discharge; especially suitable to cachectic children.

Opium. Cerebral oppression, with sopor and heavy snoring; convulsions, with coma and stertorous breathing continued between the spasms; cerebral vomiting.

Phosphorus. Sudden disappearance of the eruption without any cause, the chest symptoms becoming very alarming; typhoid condition, with dry, hard tongue and lips, covered with blackish crusts; loss of speech and hearing; difficult deglutition; the patient sinks into an apathetic mood, wants nothing and cares for nothing, nevertheless there is much restlessness; inability to retain the urine; falling off of the hair.

Rhus tox. Eruption vesicular or like millet-seeds; the rash itches violently; the fever keeps rising, even after the dark looking eruption is out, with great restlessness at night; ichorous discharge from the nostrils with swelling of the glands of the throat, or epistaxis at night; tongue red and smooth; sopor with delirium; rheumatism of the joints, worse during rest; œdema of the scrotum and penis; the swollen parotid glands break open, discharging ichor copiously; impure, deep cavity, as if one could see into the throat; skin peels; relieved by scratching, worse from cold and wet.

Silicea. Scrofulosis, where the glands are greatly involved and threaten to suppurate.

Stramonium. Violent convulsions, excited by the touch or at the sight of bright, shining things, with spasmodic jerking of the limbs; paralytic trembling of the arms and hands, especially of the right, with which he constantly reaches into the air and attempts to grasp some imaginary object; restlessness, with itching of the skin; rash of a coppery-red color, dry and hot skin; coma, with rattling respiration and bloody froth at the mouth; rapid alternation of laughing, crying and singing; stupor; great dryness of the throat, compelling frequent drinking; swelling of the tongue, so that it hangs from the mouth; paralysis of the tongue.

Sulphur. Efflorescences coalesce into large spots as red as a boiled lobster, and around these spots the skin is unusually white. Cerebral affections with sopor, sudden

starting, distortion of the eyes, not yielding to Bellad. on account of the psoric condition of the patient ; bloated and shining red face ; dry nose ; dry, cracked, red tongue, covered with a brownish mucus ; hot flashes, the skin hot and itching ; thirst, and difficulty of swallowing.

Terbinthina. Albuminuria and uræmia following scarlatina ; intoxication, confusion, languor, relieved by profuse urination ; aching pains in the whole head, with vomiting ; excessive fulness and pressure in the head causing her to scream, the pains come and go ; thirst, but drinking causes nausea and vomiting of yellow mucus ; urine scanty, dark, of a black shade ; ascites, œdema, more of the upper parts ; frequent waking and tossing about in bed.

Veratrum viride. During the febrile stage intense arterial excitement, with cerebral congestion or irritation of the spinal centres ; convulsions, with greatly dilated pupils ; perfect sleeplessness. It is also useful in certain sequelæ of scarlatina, as acute rheumatism, dropsy, when inflammatory symptoms are present.

Zincum. When the dark looking eruption fully covers the body, or when the eruption has retroceded and the child lies motionless and unconscious ; involuntary jerking and twitching of the muscles ; grinding of the teeth ; screaming spells ; loss of speech ; occiput very hot and forehead covered with a cold perspiration ; the face is distorted ; body and limbs cold, and of a bluish hue ; pulse thread-like and difficult to count ; all symptoms clearly pointing to an impending paralysis of the brain.

Variola, Small-pox.

Variola is an acute contagious (germinal) disease, of febrile character, during the course of which an erythema appears on the skin, giving, even at an early period, the sensation of granulation to the touch, changing to papules, which soon develop into vesicles, pustules and crusts, and

which runs a definite course. This development may be arrested at either of these progressive stages, giving us the difference between variola and varioloid.

Wilson (*Lectures*, p. 159) remarks that there is much interest in observing the progressive advance in development of the variolous pock:—at first a mere point represented by the congested aperture of a follicle; then a conical papule, the follicle being still further congested; thirdly, a vesicle caused by effusion of liquor sanguinis around the papule, the centre of the vesicle being, as it were, pinned down by its connection with the epithelial sheath of the follicle. Effusion now becomes more abundant and active, the vesicle swells by its circumference, while it is depressed or, as it is technically termed, umbilicated in the centre, and so the pathognomonic vesicle of variola and vaccinia is produced. Later on the cavity of the vesicle is invaded by pus, the pus accumulates and breaks through the central point of adhesion of the vesicle, and so the arched dome of the mature small-pox pustule is produced. Subsequently the pustule and pus both dry up into an amber-colored scab, which remains for some time imbedded in the skin, and when at length the scab falls off a permanent cicatrix is left behind.

There are four stages in small-pox. The prodromal stage is characterized by fever, pain in the joints and back and in the scrobiculus cordis. The intensity of the symptoms does not always indicate the severity of the disease, for very severe febrile phenomena may precede a mild attack. The skin is sometimes reddened by an erythematous blush. Exacerbations occur in the evening. This stage lasts from twenty-four to seventy-two hours, and if longer gives an unfavorable prognosis (in drunkards and in pregnant and puerperal women).

The stadium eruptionis follows, the eruption making its appearance on the third day after the first occurrence of constitutional disturbance, and traveling over the entire

body within a day, thus relieving the febrile onset. The spots appear first of all on the face, about the forehead, and then extend to the trunk and limbs. On the second day of eruption—fourth of disease—the papules are transformed into vesicles. On the third day of eruption—fifth of disease—umbilication commences as a central depression, the vesicles change into whitish pustules, surrounded by an inflamed areola. The pustule matures on the fifth or sixth day, and is complete on the eighth day. Between the eighth and eleventh day of the eruption secondary or suppurative fever sets in, when the stage of dessication is reached. The crusts fall off in the next three or four days (fifteenth day of disease), exposing raw, red surfaces, which desquamate and by and by leave behind red-looking marks, which gradually fade, and too often assume the well-known aspect of small-pox marks.

Small-pox is said to be *discrete* when the pustules are scattered over the surface; *coherent* when the eruption is plentiful but the closely packed pocks are still distinct; *confluent* when they run together; *modified* when the disease succeeds to a prior attack or occurs after inoculation.

The mucous membrane is involved in the variolous process and presents eruptions similar to those of the skin, but the course of the eruption differs, and this difference finds its explanation in the structure of the mucous membrane and its glands, in the quantity and temperature of its secretion, and in the limited access of atmospheric air; each of these peculiarities tending to effect a rapid development, a speedy collapse, and finally a complete detachment of the eruption. While, therefore, on the beginning of the fourth day the swollen follicles on the outer integument are in the form of papules, we notice already on the mucous membrane, white, aphthous-like efflorescences of the size of the head of a pin, on a reddened and swollen base; these efflorescences increase in

number and size, and when the formation of vesicles is hardly completed on the outer integument, those on the mucous membrane are found to be in the stage of desquamation. Thus we also find them on the mucous membrane of the nose, pharynx and upper third of the œsophagus, sometimes in the stomach, on the epiglottis, in the larynx and trachea, on the bronchi to the third division, in the urethra and rectum, on the labia, on the conjunctiva palpebrarum et bulbi, and in the external auditory canal. The symptoms caused by small-pox on the digestive and respiratory tracts are: great pain in swallowing (with infants sometimes so severe that they refuse all nourishment and die of starvation), flow of saliva, hoarseness and symptoms of bronchitis from the catarrhal inflammation of the mucous membranes. Catarrhal ulcers in the intestinal canal may produce diarrhœa.

Variola has long been considered one of the most fatal of all diseases, which fatality is due to the association of great and persistent putrefactive virulence in the disease germs; and we find, therefore, already in the prodromal stage, great depression from the excess of putrefactive force; and sleeplessness and delirium are permanent features of the variolous fever, and frequently last during the whole disease. This putrefactive agency is sometimes seen in the sanguineous contents of the vesicles or hemorrhage round their bases; and even after pustulation, the intermittent fever that may replace the continued fever shows that this agency is still permanent and influential.

Thus patients may die of small-pox at any period of its course from the putrefactive action. They may also die from its irritative action, exhausted by the contest under unfavorable circumstances; they may die from the mechanical results of the swelling and œdema that accompany the eruption; and they may die from effusion into various cavities, or from the inflammations of various

organs, that are concomitants of continued fever. Hebra states that he has noticed that when any one marked with small-pox has a second attack it is always fatal.

It may be well to remember that the severity of small-pox is always in direct ratio to the number of pustules formed ; for the more numerous the points formed by the irritant action, the more favorable is the case to the growth of the disease germs, with their putrefactive action.

Simon remarks that the urinary secretion of variola undergoes changes having relation to the various stages of the disease. During the prodromal fever, the urine is diminished in quantity and increased in specific gravity, its color is deep and red, it is frequently turbid, and often contains a small quantity of albumen. During the eruptive stage the urinary secretion is diminished, is of an unpleasant odor, turbid, with an apparently purulent mucous sediment, and continues in the same state during the suppurative stage ; during the period of desquamation, it is either normal or anæmic ; in the putrid form the urine appears decomposed, ammoniacal, and not unfrequently of a dark-red color, from the presence of hæmatin.

Therapeutics. Hydropathic treatment: First. During the prodromal stage packs in sheets wrung out of tepid water, and cold compresses on the head, frequently changed. Second. Tepid full-baths during the eruption and during the suppurative stage, at least three times a day. We find that the patient sleeps quietly for several hours after each bath. Third. During dessication, full-baths again, which hasten the falling off of the crusts but do not prevent the formation of pits.

Proper ventilation is the most important point in the treatment of all acute germinal diseases. With a current of air all the exhaled gases pass away, lessening the danger of re-absorption and of communication. Perfect ventilation can only be obtained by a good open fire,

in winter or summer, and a moderate sized room. With these conditions the temperature can be kept neither too cold nor too hot, and without draughts. (In Vienna, small-pox patients are kept in tents open to the air, and they recover better and quicker than when kept in barracks or in a hospital.) The room should be devoid of every article but such as are absolutely necessary, and to lessen the danger of the disease spreading, the air should be kept impregnated with carbolic acid vapor, all clothes placed in carbolized water before removal, all toys, books, newspapers and other perishable articles burnt in the room, and after the case is over, the room should be fumigated with sulphur fumes and woollen articles should be baked in an oven.

The uncomplicated form of small-pox requires only expectant treatment, a cooling regimen, sponging the skin with tepid water and, where the tongue is coated, opening the bowels by gentle purgatives.

The Carbonate of Ammonia treatment is the only one yet known which appears to have any decided effect upon variola. Vaccination has been observed to possess the power of modifying variola, even when an attack of the latter has commenced. As regards local treatment, every precaution should be taken to prevent the rupture and laceration of the pustules by the nails of the patient, in efforts made to relieve the itching by which the dessicating process is accompanied. To relieve the heat and dryness of the skin, some recommend anointing the surface plentifully, especially the face and hands, with the benzoated ointment of oxide of zinc. This should be applied pretty thickly, and repeated as often as it dries up or becomes thin from wiping or rubbing. Some fragments of tissue paper pressed gently on the ointment will further contribute to the protection of the skin.

Great benefit is derived from opening the matured pustules with a sharp lancet in a horizontal direction, gently pressing

from them their contents, and removing the latter by means of a sponge moistened with carbolized water or with an infusion of poppies. This plan accelerates materially the healing of the ulcerations, and prevents the formation of deep and disfiguring cicatrices. The sponges ought to be frequently renewed and those used burnt up. Others recommend the mercurial ectrotic treatment (℞. Mercury 95 parts, balsam of styrax 48, common plaster 312, wax, resin, turpentine, equal parts 16, gum ammoniac, bdellium, olibanum, myrrh, āā 5, saffron 3, spirits of lavender 2. Misce, f. emplastrum). The plaster should remain on for at least three and up to seven days, the whole face being covered with a mask made of this plaster, merely leaving a space for the mouth, nostrils and eyes. The proper period for its application is the second or third day of the eruption. Bennet, of Edinburgh, uses a more simple mercurial ointment with equal benefit (℞. Unguentum Hydrargyri fort. 3 i., powdered starch 3 i.), applying it morning and evening.

The application of collodion for ectrotic purposes is highly recommended. It possesses the advantages of extreme cleanliness and of enabling the physician to see what is passing beneath. Its contractility also increases its usefulness, and its application is free from the objection of producing salivation.

Many authorities assert that pitting can be entirely obviated if the light be fully shut out. In proportion to the exclusion of light and air from the pustules their development is checked, they become shrivelled and quickly dry up.

Concomitant symptoms or diseased states, as pneumonia or pleurisy, etc., must be treated *pro re nata*. They frequently have no influence whatever on the course of the cutaneous eruption.

Besides the pits, which frequently remain during life, special mention should be made of some affections of the

hair follicles and sebaceous glands which appear soon after the termination of variola, and disfigure the skin of the face, especially that of the nose, and may even result in the formation of painful tumors, which are designated as false keloid. Such affections take on the form of comedo, of acne pustulosa and indurata, of wart-like elevations, in whose centre the orifice of the follicle is seen (variola verrucosa), of teat-like, soft, pendant tumors, or of cicatricial bands. The same remedies which are of service in seborrhœa and acne will also be used with success here. The excrescences and bands of skin are to be removed with the scissors.

Westphal (*Archiv f. Dermatologie*, 1872) directs our attention to morbid states of the central nervous system, showing themselves by disturbances of speech, by ataxia of the extremities, and by paralysis of the sphincter ani et vesicæ, with decubitus.

Homœopathic Therapeutics. During the fever period: Acon., Bellad., Gelsem., Veratr. vir. During the eruptive fever: Ant. crud., Bellad., Cauloph., Cimicifuga, Hydrast., Mercur., Stramon. During maturity: Baptisia, Carbol. ac., Hydrast., Mercur., Sulphur, Thuya, Variolin. During dessication: Mercur., Sulphur, Thuya, Variolin. For hemorrhagic poeks: Amm. carb., Arsen., Crocus, Baptisia, Ipec., Hamam., Solan. nigr., Sulph. ac.

Aconite. First and early part of the second stage. Apprehension of a fatal issue; high fever; great restlessness.

Ammonium mur. The eruption is well developed upon the trunk and upper extremities, but scanty on the lower extremities; sore throat with swelling about the neck; hemorrhages.

Ammonium carb. Hemorrhagic diathesis from fluidity of the blood and dissolution of the red blood corpuscles.

Antimonium crud. Gastric state, with vomiting and heavily coated tongue, especially during the prodromal stage.

Apis mel. Erysipelatous redness and swelling, with stinging, burning pains in the skin and throat; absence of thirst. At the later period, when there is great dyspnœa, restlessness and scantiness of urine.

Arsenic. Asthenic cases, with great sinking of strength, burning heat, frequent small pulse, great thirst, great restlessness; irregularly developed variola with typhoid tendency; hemorrhagic variola; metastasis to the mouth and throat, in the last part of the eruptive period.

Baptisia. Typhoid symptoms; fetid breath; pustules appear thickly upon the palatine arch, tonsils, uvula and in the nasal cavities, but scantily on the skin; profuse salivation; great prostration, with excessive pains in sacral region. After taking Baptisia the appetite improves and the patient is able to take and to retain nourishment.

Belladonna. Cerebral congestion, with high fever during the first stage; intense swelling of the skin and of the mucous membrane, with tickling cough, dysuria and tenesmus of the bladder; sleeplessness with desire to sleep; delirium and convulsions; photophobia; ophthalmia.

Bryonia. Precursory stage with gastric symptoms, or later when the chest symptoms indicate it.

Camphora. Sudden collapse with coldness of surface, the swelling of the skin suddenly sinks in, and the pustules seem to dry up from the complete giving out of the life-forces; excessive weakness; the patient though cold, cannot bear to be covered. It must be given low and frequently repeated.

Cantharis. Hemorrhagic variola; patient passes bloody urine with cutting, burning pains.

Carbo veg. Asthenic variola, with cold breath and excessive prostration; great desire for fresh air; livid, purple look of the eruption; Hippocratic face.

Chamomilla. Great fretfulness of children during the eruptive stage, with the usual crossness.

China. Variola hemorrhagica, with great exhaustion from the copious, painless stools; very useful for the exhausting debility following a severe attack.

Cimicifuga. In the precursory stage, for the muscular pains; during the eruptive stage, great wakefulness, mental excitement, as if the brain would burst out; it modifies the disease, prevents the development of pustules, and thus reduces the danger of pitting.

Coffea. Restlessness and bilious vomiting at the commencement of the disease.

Gelsemium. Intense and painful fever at the commencement of the disease, with tendency to convulsions; predominance of nervous symptoms, as nervous chills, restlessness.

Hamamelis. Hemorrhagic variola, the blood dark, venous.

Hepar. Croupy cough; during the suppurative fever.

Hydrastis. Great swelling of the skin, with redness and itching; great soreness of the throat and buccal cavity, which are full of pustules; dark pustules; prostration.

Hyosciamus. Eruption does not come out at the proper time, causing great nervous excitement, with rage, anguish, delirium, coming on in paroxysms; patient wants constantly to get out of bed and to be uncovered.

Ipecacuanha. Gastricism during eruptive stage, with constant nausea.

Mercurius. It is especially indicated during the stage of maturation; ptyalism; tendency of blood to the head; irritation of the mucous membranes; moist swollen tongue, with great thirst; diarrhœa or dysentery, with tenesmus, especially during the period of dessication.

Phosphorus. Hemorrhagic diathesis; bloody contents of the pustules; hard, dry, exhausting cough, with pain or feeling of rawness in the chest; bronchitis; hemorrhage from the lungs.

Phosphoric acid. Confluent variola, with typhoid condition; the pustules do not fill with pus, but degenerate into large blisters, which, bursting, leave an excoriated surface; the patient is stupid, does not want anything, not even a drink; answers questions, but does not talk otherwise; watery diarrhœa.

Rhus tox. Typhoid symptoms, dry tongue, great restlessness, patient wants to get out of bed in spite of his great debility; sordes on the lips and teeth; confluent small-pox, with great swelling at first, but afterwards the eruption shrinks and looks livid.

Sarracenia. No reliable indications yet, though highly commended. When given, it should be in the form of an infusion.

Silicea. The suppurative stage exhausts the strength of the patient and dessication is delayed. Also for caries of bones following severe attacks of small-pox, with fistulous openings and discharge of thin pus and bony fragments.

Solanum nigrum. Hemorrhagic variola.

Sulphur. May be indicated during any stage of the disease as an intercurrent remedy when others seem to fail, or when there is any tendency of metastasis to the brain. It also acts well during dessication.

Tartarus emet. When the eruption is tardy in coming out, with nausea, vomiting, sleepiness, or for suppression of the eruption. (Some allopathic physicians rub Tart. emet. ointment on the sternum, and as the pustules form on the chest the head and throat will be relieved.) Putrid variola with typhoid symptoms, especially pneumonia typhosa, with tendency to paralysis of the lungs; variola, with vomiting of viscid mucus, clogging the air passages; pustules in the larynx, mouth, throat and digestive organs.

Thuja occidentalis. Pains in upper arms, fingers and hands, with fulness and soreness of throat; the areola

around the pustules is very marked and dark red ; pustules milky and flat, painful to the touch. Bönninghausen used it as a preventive.

Variolinum. Especially where the disease throws itself with full force on the throat. Given steadily during the disease its progress will be milder. It changes imperfect pustules into regular ones, which soon dry up, promotes suppuration and exsiccation, and prevents all scars. (Raue's *Pathology*, p. 605.)

Varioloid, Variola Modificata.

Neumann (*l. c.*, 91) assumes three forms of small-pox, each according to the intensity of the process: first, *Variola vera*, duration thirty-one days; second, *Varioloid*, duration twenty-one days; third, *Varicella*, duration fourteen days. He considers the morbid process the same in all the three forms; the eruptions, as well in their anatomical structure as in their appearance, are entirely identical, and the intensity of the disease only varies; the *duration of the morbid process*, which stands in exact relation to the number of efflorescences and the intensity of the phenomena, serves as the *peculiar characteristic* of the different forms of variola. The eruption occurs also on the mucous membrane of the mouth and pharynx, and the central depression of the pustule is not solely characteristic of variola, for we see it in most affections of the hair-follicles, and it may be entirely absent when the vari are not large.

Fox (*l. c.*, 83) remarks, that the distinction of variola and varioloid is well marked in the extreme degrees of either disease, but they shade the one into the other by insensible stages. At times cases are met where the eruption is simply papular and scarcely reaches the vesicular stage, yet is traceable to the action of the small-pox poison. In modified variola the secondary fever is absent; the only stages present are those of primary fever

and eruption, and it may abort in any of the stages which are passed through by ordinary variola.

Hillier (*l. c.*, 295) considers varioloid the form which small-pox assumes when it occurs after vaccination or a previous attack of small-pox. The eruption often appears earlier, and is first seen on the wrist and on the nose. The eruption runs a more rapid course. Some pustules are regularly formed and present the central depression, but they are usually small. Some papules do not advance to the vesicular stage, and some vesicles dry up without suppuration. The constitutional disturbance is almost at an end when the eruption has appeared.

Varicella. Chicken-pox.

The disease germs of varicella are very contagious, but not very virulent. Children are the usual patients, and they have generally the disease only once. A short and usually not very sharp febrile attack of twenty-four hours' duration, is followed by the eruption of papules on various parts of the body, which quickly become vesicles, and these more or less purulent. The eruption takes place in successive crops; each batch lasting, from their commencement to final disappearance, about a week, and then leaving a permanent scar or mark. Varicella varies greatly in severity, but is never of great importance. Adults have occasionally considerable sickness, and much more fever than the slightness of the accompanying eruption would lead us to expect. The eruption may also appear on the mucous membrane of the buccal cavity and of the eye. Henoch (*Berlin Klin. Wochenschrift*, 18, 1874) and Kassowitz deny that varicella is a modified small-pox, as, though the number of efflorescences may be very great, it still runs a distinct course, never shows the depression of variola, and never leaves any mark. Though varicella may rage epidemically, no case is ever observed where from its contagion persons are stricken down by

variola. The disease germs must be, therefore, entirely different from those of variola and varioloid.

It seldom needs any treatment. The occasionally attending symptoms may be met by Acon., Ant. crud., Bell., Merc., Puls., Rhus., Tart. emet., etc.

West and other authorities assert that measles and varicella are often observed to follow one another in quick succession in the same patient, but the question is still undecided whether there is any relationship between the two disease germs.

Vaccinia.

Variola vaccinia, the small-pox of cattle, is a contagious inflammation of the skin, prevalent among cattle and occasionally communicated to man. It is characterized by the development, upon an inflamed basis, of multilocular and umbilicated vesicles, which pass by degrees into the pustular form, and terminate in hard, dark-brown scabs, the latter leaving behind deep and permanent cicatrices. Constitutional symptoms accompany the eruption, which are mild during the first stages of the vesicle, but become more severe and constitute a secondary fever when the local inflammation arrives at its height and the suppurative process is about to be established. Although vaccination gives no absolute protection against small-pox, yet the severity of the process is so modified thereby, that those who have been vaccinated well mostly have modified variola, and the mortality of the vaccinated to the non-vaccinated is as 4 to 14.

In performing vaccination, either the cow-pox lymph or humanized virus is used. Great care should be taken to get reliable lymph, as cow-pox lymph quickly loses its virtue, and when using humanized virus only that of healthy children, sprung from healthy parent stock, ought to be used. A dose of *Sulphur* should be given on the fourth day after the operation. If any unpleasant symp-

toms, such as erysipelas, eruptions, etc.—the off-shoots of latent dyscrasia—are developed, *Silicia*, in a high potency and in a single dose, is indicated. *Psorinum* may be needed, or even some other remedy, according to the presenting symptoms, such as Graphites, Petroleum, etc.

There are authorities who deny the co-existence of different exanthemata in the same patient; and wherever this is said to have happened, they term it an erythema variolosum, or affirm that one exanthema followed the other, and consider it as impossible that two disease germs can produce their efflorescences at the same time, and that such eruptions can run their courses simultaneously. We have seen that varicella and measles may co-exist, and Dr. Auspitz, of Vienna, in the *Archiv. f. Dermatologie*, *I.*, 1874, publishes two cases where, in adults, *variola* and *scarlatina* ran their course simultaneously. A boy, æt. 17, entered the hospital with variola in its fourth day, showing pustules already on the face and upper extremities and vesicles sparsely diffused over the trunk and lower extremities, but the whole body was covered by a diffuse erythema. On the eighth day of the variola the whole body was covered with a deep scarlet redness; the uvula and palatine arch and fauces livid; on some points dried variola pustules. On the ninth day of the variola the scarlatina was more intense, but the variola pustules were drying up; some albumen in the urine; finally desquamation in large pieces. The second interesting case is a *variola post-variola*. A boy, æt. 19, entered the hospital on the fifth day of the disease, which ran a normal course, and on the eighth day dessication began. On the sixteenth day from the beginning of the first eruption, a new febrile attack set in, with pain in the loins, pulse 120, temp. 104; this prodromal stage lasted three or four days, when the whole body became again covered with variola papules, running their regular course to suppuration and dessication. Richter describes a similar case of

variola after variolam on the thirteenth day of the disease, and Speyer another, after ten days.

TABLES OF DIFFERENTIAL DIAGNOSIS.

Rötheln.

Scarcely any precursory stage, the eruption ushers in the disease.

Eruption on the first day and generally spreads rapidly all over.

Eruption closely resembles measles. In some cases more general efflorescence; fades rapidly; all gone by the second or third day; little or no desquamation.

Catarrhal symptoms rarely present and quickly disappear.

Bronchial symptoms especially absent.

No sequelæ.

An attack of measles does not protect from an attack of rötheln and *vice versa*.

Rötheln.

No precursory symptoms.

Eruption on the first day on the face and spreads rapidly over the body.

Eruption rarely confluent, discrete, crescentic, papular; gone by the second day, followed by no desquamation.

Rarely sore throat or bronchitis, some coryza.

Tongue white with red edges.

No sequelæ.

Measles.

Preliminary symptoms. Fever and catarrhal symptoms.

Eruption on the fourth day, spreads from the face all over in about forty-eight hours.

Eruption crescentic, with intervening healthy skin, lasts about five days, followed by desquamation.

Catarrhal symptoms characteristic.

Bronchial symptoms always present.

Generally sequelæ.

protect from an attack of rötheln

Scarlatina.

Precursory symptoms severe.

Eruption on the second day, first on neck and chest.

Eruption efflorescent, uniform desquamation after the seventh day.

Sore throat, rarely coryza or bronchitis.

Red "raspberry" tongue.

Sequelæ.

An attack of scarlatina does not protect from an attack of r  theln and *vice versa*. (U. S. M. & S. J., Oct., 1871.)

<i>Measles.</i>	<i>Scarlatina.</i>
Rash appears on the fourth day.	Rash appears on the second day.
Begins near roots of the hairs in spots slightly elevated.	Begins on neck and face.
Color brownish-red.	Color rose-red or crimson.
Crescentic arrangement, with normal skin between redness.	Punctiform, almost uniform.
Slight branny desquamation.	Copious desquamation.
Accompanying symptoms, coryza and cough, heat of skin moderate.	Accompanying symptoms, sore throat, strawberry tongue, great heat of skin, rapid pulse.

<i>Variola.</i>	<i>Varioloid.</i>	<i>Varicella.</i>
Rash on third day.	Rash on second or third day.	Rash on first or second day.
First on forehead.	First on wrists.	First on back.
Shotty papules, going on to umbilicated vesicles and then to pustules, with much inflammation around; often confluent.	Shotty papules, soon becoming vesicles only, others pustular, but pustules small and not confluent.	Papules, some not advancing, others vesicular, a few pustular, without umbilication; eruption irregular in progress.
Thick scabbing and scars left.	Scabs seldom leaving scars.	Usually no scars.
Accompanying symptoms, pain in back, vomiting and fever; secondary fever.	Symptoms as in variola, but milder at first; no secondary fever.	Constitutional symptoms insignificant.

Hillier (*l. c.*, 299).

Erysipelas.

Erysipelas is a diffuse inflammation of the skin, as a rule contagious (caused by disease germs), and consists in

a highly hyperæmic state of the cutis, in a profuse infiltration of serum within the cutis and subcutaneous areolar tissue, and in a participation of the lymphatics in the inflammatory process.

The common features of the disease termed erysipelas are irritation and putrefaction; the special features are absence of protective power against future attacks, and the increase locally of the disease germs. The erysipelatous germs are very contagious, and their virulence grows with increase of quantity. The disease generally begins with a sharp chill, during which the temperature of the body rises to 104° F. and over. Accompanying this are disturbances of the brain and stomach, which increase with the advance of the disease, and disappear with the abatement of the skin symptoms, which follows in the course of from eight to fourteen days. As the disease subsides, the skin becomes of a pale-red color, the swelling decreases, but some œdematous thickening may remain for some time; the skin is now covered with abundant scales or crusts, and suppuration of the cellular tissue often occurs; also abscesses and furuncles. The hairs fall from the head and beard, but grow again afterward. Occasionally a gangrenous destruction of some portion of the skin occurs. It is usually divided into *E. simplex* and *E. phlegmonodes*.

In erysipelas simplex the inflammatory action is sthenic, the general symptoms are not grave, and the structures, though perhaps extensively are not very deeply implicated. In erysipelas phlegmonodes the general symptoms of invasion are severe, rigors are severe, fever runs high, delirium is commonly present, typhoid symptoms often set in at an early date, and the patient is in considerable danger and death may ensue. The characteristic of the local disease is the great rarity of the occurrence of resolution; suppuration ensues which may be very extensive, the cellular tissue, the fascial, the intermuscular septa, all

partake in the diseased action; the erysipelatous blush nearly disappears, but the swelling increases. About the fifth or sixth day either improvement sets in, or, where the virus is very active or the patient's health markedly bad, the sloughing and the destruction of the cellular tissue may be extensive (*E. gangrenosum*). Death mostly ensues by pyæmia, pneumonia and œdema cerebri. Erysipelas is also divided into *idiopathic*, arising from constitutional causes, and *symptomatic* or *traumatic* erysipelas, following a wound or injury in any part of the body; a blood-poisoning, a disease germ, in either case spreading by lymphatic absorption and diffusing itself all over through the veins, is the cause of the erysipelas, although we may not always be able to detect the source of the infection.

Erysipelas simplex hardly needs any treatment. A favorite remedy with the old school is the tincture of the perchloride of iron, ten to twenty drops every two hours. Authorities differ greatly as to external applications. Great relief is obtained by dusting the parts affected with powdered starch or flour; others praise carbonate of ammonia or quinine, with a little acid for internal treatment. As to whether erysipelas should be treated with warm or cold, even ice-cold, applications, is still undecided, most authors preferring cold applications when there is high fever and great tension of the skin, and at the decline of the disease or where suppuration threatens, changing to warm poulticing. To check the progress of the inflammation, pencilling with iodine, tincture of cantharides or a strong solution of nitrate of silver has been recommended.

Homœopathic Treatment. During the febrile stage; Acon., Gels., Veratr. vir.; for simple erysipelas: Apis, Bell.; where bullæ arise: Canth., Rhus; for gangrene: Ars., Carb. veg., Lach.

Aconite. General feverishness, with local inflammation and tenderness.

Ammonium carb. Erysipelas of old people, with cerebral symptoms while the eruption is still out.

Apis. Erysipelas of the face and scalp, with typhoid tendency; swelling on the side of the face and temples, whitish or inclining to a delicate pink color; puffiness of the face, especially of the eyelids, with burning and stinging of the skin; sphacelated spots here and there; suitable in many cases after Bell., or in persons suffering frequently from the disease, and especially in women and children.

Belladonna. Smooth, bright-red eruption, nearly shining; cerebral symptoms predominate; delirium; stitching headache, furious look, beating of the carotids, twitchings and convulsions, violent thirst, constipation, brown-red, jumentous urine; especially when the right side is affected.

Borax. Erysipelas of the left side of the face, painful when laughing; very nervous, cannot sleep well, starts at the least noise.

Cantharides. Erysipelas bullosum, with much irritation and burning; serous exudation; typhoid erysipelas, with great restlessness, unquenchable thirst and disgust for all kinds of drink; vomiting with violent retching.

Comocladia. Burning on face and eyes, worse towards evening; excessive swelling of the face, with tormenting itching and swelling; corrosive itching of the head, with shooting pains, relieved by movement.

Graphites. Tendency to repeated attacks of erysipelas bullosum, spreading from the nape of the neck to the face, and even perspiration does not relieve; phlegmonous erysipelas of the head and face, with burning, tingling pain, glutinous exudation, with congestion to the head and roaring in the ears, swelling and induration of the lymphatics and glands.

Lachesis. When the swelling assumes a purplish hue, and the patient begins to talk deliriously as soon as he

shuts his eyes; bloated red face, attended with heat, headache and coldness of the extremities; one sided tense headache, extending from occiput to eyes, with vomiting, vertigo, tendency to faint and numbness; E. gangrænosum.

Phosphoric acid. E. in consequence of wounds by which the periosteum is affected. Perfect apathy.

Pulsatilla. E. migrans; E. caused by indigestion, or when the patient suffers from indigestion when the eruption fades.

Rhus radicans. Phlegmonous erysipelas, especially when it begins at the ankle and gradually moves up the leg, running up in the deeper tissues.

Rhus toxicodendron. Vesicular erysipelas, whether on the scalp, face or elsewhere, with swelling and large shining redness; great restlessness; tendency rather to invade surface, than to penetrate deeply into the tissues; rheumatoid pains all over.

Silica. Injuries of the bones; excessive suppuration, with hectic fever, caused by deep-seated phlegmonous erysipelas.

Sulphur. To eradicate the tendency to repeated attacks of erysipelas.

Veratrum viride. Vesicular erysipelas with cerebral symptoms.

Typhus and Typhoid Fever.

As it is hardly right to describe these zymotic diseases as "an irritation and eruption on the skin and mucous membrane of the intestinal canal, with fever of an infectious and contagious kind," we consider it a better plan to leave the description and treatment of these diseases to writers on general medicine, mentioning in this place only the cutaneous symptoms.

The typhus rash consists of two component parts: First. A subcutaneous mottling of a more or less livid

hue, and diffused generally over the body. Second. Petechiæ, small, scattered all over the body and showing out from the mottling; at first these are slightly raised and their color increases gradually in intensity; they do not fade by pressure, except slightly in the very early stages. The eruption of typhus is not prolonged by successive crops. It makes its appearance between the fifth and eighth day of the disease, and disappears a few days before convalescence.

The typhoid rash is characterized by the appearance between the eighth and twelfth day of disease of the rose-colored, elevated, circular, softish spots, about a line or so in diameter, on the abdomen, back of hand, arms, chest and back (if kept warm). They disappear by pressure and they appear in successive crops, each spot lasting three to four days and then gradually fading. There may be from half a dozen to a score of these spots present at one and the same time. Sudamina often co-exist with them. (Fox, *l. c.*, 87.)

Indications for Remedies for the Exanthemata.

FROM THE LECTURES OF PROF. A. R. MORGAN.

Scarlatina.

Belladonna. Great nervous anxiety and restlessness; dilated pupils (with stupor, Hyosc., Laches., Opium, Stramon.). The delirium is fantastic, especially on closing the eyes. Rapid speech (Arsen., Laches., Hepar s. c., Mercur.). Grinding the teeth (Apis, Arsen., Hyosc., Stramon.). (Arsen. patients grind their teeth when asleep.) *Characteristics.* Sore throat, with stitches extending to right parotid gland and ear (Hepar s. c., Ignat., Mercur., Nux vom.). The internal throat is of a bright

scarlet-red color (Acon., Laches., Mercur.). Constriction of the œsophagus (Alum., Arsen., Lobel.). Choking sensation in the throat, which prevents swallowing (*Canthar.*, Laches., Nux vom.). Pain worse on swallowing; aggravated by talking (Mercur., Rhus tox., Staphis.); very much worse on turning the head (Bryon., Hepar s. c., Laches.). Continual inclination to swallow (Laches., Mercur.); feels as if he would choke if he did not swallow. Constant desire to drink; drinks hurriedly, spilling the fluid all over him. (Aversion to drink, *Canthar.*). Excessive dryness of the throat. Urine either suppressed or scanty, dark-red and frequently turbid, and of strong odor (Benz. ac.). Great desire to sleep, but can't sleep, or stupor, with snoring (Nux vom., Opium). Diffused redness of surface of body.

Ailanthus. Sudden and terrible attacks, almost immediately insensibility; violent vomiting; intense headache. Great sensitiveness to noise; photophobia. Great congestion of head; pulse exceedingly rapid; drowsy and restless. Muttering delirium; rash in patches; skin livid between the little miliary points, skin cold and dry. The livid color of the skin when pressed out with the finger returns very slowly.

Ammonium carbonicum. The eruption is scanty at the outset, with rapid pulse. Threatened paralysis of the brain, with excessive vomiting (Arsen.). Repelled eruptions (Cupr. ac.), after which dysenteric, slimy, fetid stools. Attack comes on and the patient is decidedly chilly in the evening, with aversion to being moved. The eruption comes out first on the upper part of the body, with smarting and burning of the skin, aggravated by scratching. Hard swelling of the right parotid and submaxillary glands, red bloated face, ulcerated corners of mouth (Carb. veg., Bellad., Arum trif., Mercur., Nitr. ac.). Putrid sore throat; nausea and vomiting after taking food, accompanied by sensitiveness and soreness at pit of stomach

(Apis, Calc. carb., Laches., Nux vom., Sulphur). Constipation, with flow of blood from anus. Involuntary urination at night (Calc. carb., Carb. veg., Caustic., Natr. mur., Pulsat., Sepia). Exceedingly sensitive to talking and noise; awakes about 2 or 3 A.M. with a dry cough, which is very troublesome.

Apis mel. High fever, with chilliness from least movement (Merc. cor., Rhus tox., Silic.). Heat of feet and hands when the patient complains of chilliness. Headache, holds the head in hands. Burning and stinging of skin; dryness of throat; tongue dry, of deep red color, swollen and inflamed, often covered with blisters; inability to swallow; dryness of mouth, without thirst (Calad. and Pulsat.); tonsils swollen and hard; nausea and vomiting, with soreness of pit of stomach to touch. The nose is sometimes stuffed up. Complains of being swollen (abdomen retracted, Cupr. Chamom., Pulsat.). Urine scanty and high colored, voided with difficulty. Anasarous condition, with very scanty urine; oppressed respiration; great trembling. The heat of skin and fever is changeable, comes in flashes. Delirium, the patient is inclined to scream out. Many typhoid forms. Post-scarlatinal dropsy, aggravated by heat, relieved by cold.

Arsenicum. Typhoid forms, especially at the commencement; total loss of strength; mild delirium; convulsive twitching of tendons, with excessive vomiting; violent diarrhoea brought on and aggravated by taking drink or food. Contradictory symptoms; there seems to be a fair eruption with great loss of strength. Tendency towards gangrene (Carbo veg.). Lips dry, black, often bloody. *Grinding of teeth while asleep*; tongue dry, brown and cracked. The patient is troubled with thick, slimy, fetid saliva in mouth; longing for cold drinks and acids. Bitter taste in mouth, especially after eating or drinking. Vomiting of brown substances; stools, brown or black, fetid, excoriating. Urine dark colored and bloody, voided

with difficulty. Great emaciation; trembling all over; dyspnœa. Constantly changing position. Aggravated after midnight; pains often felt during sleep. Cold perspiration, cold extremities; puffiness of eyelids. Sinks down in bed (Mur. ac.). Worse from cold, better from warmth. (The reverse of Apis.)

Arum triphyllum. Intense fever; soreness of mouth and fauces, which spreads to posterior nares; the nose is stuffed up, can't breathe through it. Ichorous discharge from nose, excoriating and furrowing the upper lip; discharge from nose thick and yellow, filling the whole nasal cavity and throat. The whole mouth is covered with ulcers, with intense soreness and burning; feels as if excoriated; saliva acrid. The mouth is so sore that the child refuses drink and cries when it is offered. Tongue red and sore, with elevated papillæ. Throat sore, feels as if excoriated. Cannot swallow; putrid sore throat; swollen submaxillary glands; ulcerated corners of mouth. Eruption all over the body, with great itching. The child picks at the skin until it bleeds. Great restlessness. Urine abundant, but pale.

Calcareo carbonica. Scrofulous subjects. Threatened paralysis of lungs. Scarlatina miliaria. Sore throat, difficult deglutition, loud rattling in wind pipe, hot breath; difficulty of breathing, with precordial anxiety. No cough; rattling during expiration. Otorrhœa. The parotid glands are inclined to suppurate.

Camphor. Collapsed conditions; mind in a serene conscious state; a peculiar staring wild look (Bellad., Hydr. ac., Lauroc.). Purple colored or pale, changeable, hot face, with hot perspiration and cold extremities. Hot, burning pains. Great sensitiveness of the stomach and abdomen. Involuntary blackish stools (Arsen., Verat.). Dyspnœa, with sensation of constriction about the throat—with hot breath (Arsen., Sulphur). Accumulation of mucus in the air passages. Cold extremities, skin shrivelled (Carb. veg.).

Capsicum. The patient is capricious; exalted sensibility of all the senses. There is a peculiar redness and burning of the face, which is not proportionate with the heat of the rest of the body. The throat smarts and burns and is of a deep red color. Burning vesicles on tongue and in mouth. (*Characteristic. The pain in the throat is always worse between the acts of deglutition.*) Tenacious mucus in the throat, which is difficult to dislodge. Dry tongue without thirst (Apis, Pulsat.).

Cuprum aceticum. Eruption disappears suddenly, with a tendency to metastasis to the brain. Quick, small, irregular pulse; the temperature is reduced; sopor; convulsive movements of the body; rolling of the eyes; facial distortion; spasmodic action of the chest.

Gelseminum. Great prostration from poisoning of the system. Cerebral intoxication. Pulse quick and weak. Almost entire loss of muscular action. The feet and extremities are cold. Heat, with *languor* and *drowsiness*; when sleeping the patient talks in delirious mutterings or half awakes at times; crimson flush of the face in all positions; suffusion of the eyes, heavy looking; throat feels as if swelled or *filled* up (Pulsat.), is diffusely red; tonsils red and slightly swelled; when the eruption recedes all the viscera are threatened. Impaired vision; spasms and paralysis.

Hyoscinum. Great stupidity; complains of nothing except thirst; difficult speech (Laches.). Does not reply to questions, or answers slowly and relapses into an unconscious state. (Tendency to repeat the last word, Laches.) At times great nervous excitability and sleeplessness; illusions of the imagination or else utter stupidity; sparkling, red, prominent eyes, or vacant staring at things; indistinct muttering loquacity. Bluish face; the mouth is open or the jaws are locked; constriction of the throat, can't swallow fluids; salt taste (Thuya); paralysis of the sphincters; paralysis of the trachea; rattling respi-

ration. The patient ceases coughing on sitting up in bed (Natr. sulph.). Repelled eruptions, with tendency to paralysis, accompanied by watery diarrhœa. Subsultus tendinum. *Aggravation* in the evening.

Hydrocyanic acid. In the early stages of the disease the skin is dark and livid, the pulse feeble and scarcely perceptible.

Ipecacuanha. Suppressed eruptions. Gastric symptoms predominate, with nausea and vomiting, accompanied by dyspnœa; sighing respiration; worse in the evening. When he sleeps his eyes are half open, he moans and groans in sleep.

Lachesis. Advanced stages; typhoid state. Smooth red or black and dry tongue, frequently cracked; trembling of the tongue and inability to protrude it; it strikes against the lower teeth; patched or map tongue (Arsen., Nitr. ac., Natr. mur., Tarax.). Loquacious delirium. Accumulation of dried mucus in nose (Kali bichr.). Throat very dry and sore; aggravated by sleep. Can't bear the touch of the bed clothes about the throat, it causes a feeling of suffocation. Throat symptoms aggravated by turning the head. Paralysis of the organs of deglutition. Throat symptoms are made worse by swallowing. When swallowing the pain extends to left ear (Kali bichr.). Liquids return through the nose. Left side of throat most affected. Suppuration of glands of the neck. Black urine (Colchic.). Offensive stools. All symptoms aggravated after sleep. Aphasia (Iodide of Merc.). Delayed desquamation.

Mercurius solubilis. After *Bellad*; aggravation at night in bed, etc.

Muriatic acid. Eruption scanty, with petechiæ, or the skin is intensely red. Great restlessness, with desire to throw off the clothing; burning heat of body, dark redness of face, purplish color of skin. The whole vital forces are prostrated, the patient sinks down in bed, pulse

intermitting in regular intervals, weak. Sighing, groaning respiration. Discharge of thin, acrid pus from the nose, excoriating the nose and lips; severe sore throat, fauces dark, bluish-red, with aphthous patches; foul breath.

Nitric acid. Diphtheretic conditions. Profuse discharge from the nose and throat of a thin purulent ichorous matter; tonsils swollen; difficult deglutition; indistinct speech; deafness; *intermittent breathing*; burning hot skin. After Nitr. ac., Phosphor. follows well.

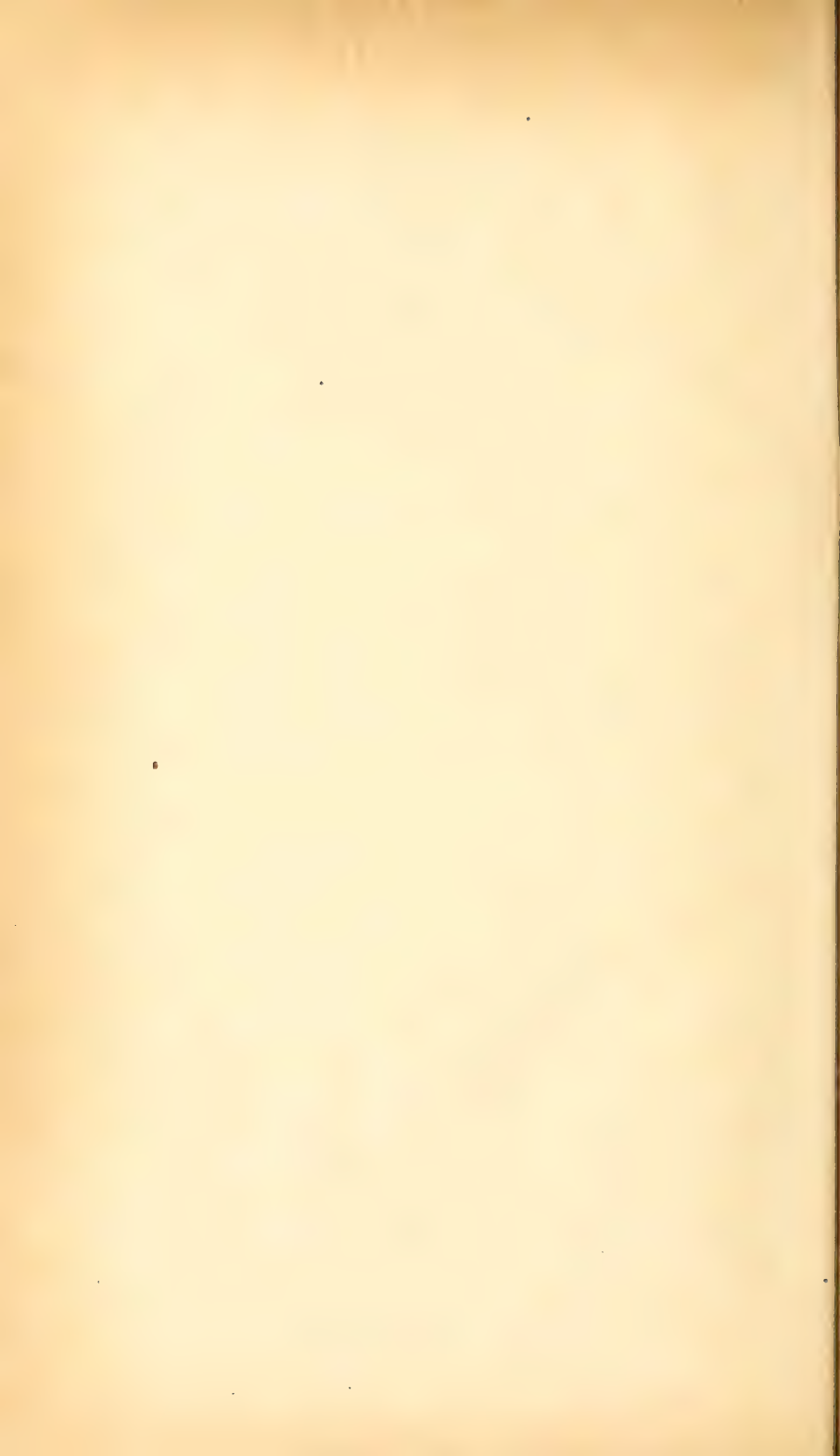
Phosphorus. Typhoid forms—sopor, delirium; glandular enlargements; diarrhœa; burning sensations, which make him constantly change his position. Pulmonary complications.

Rhus tox. Vesicular types. Symptoms occurring about the third day; tongue dry, red and smooth, with triangular red tip. The eruption looks dark; drowsy state, with delirium; *great restlessness*; swimming eyes; rheumatic symptoms; œdema of scrotum and penis; bleeding from nose at night; swelling and suppuration of parotid glands, first left then right, with copious ichorous discharge.

Sulphur. Scrofulous subjects who have had suppressed eruptions (Hyosc., Stramon., Lauroc.). Lethargic condition; burning heat of skin. Eruption red at first but soon grows purple; diarrhœa, worse in the morning.

Zincum metallicum. Threatened paralysis of brain; complete stupor. The patient lies perfectly motionless; pulse small, thread-like, can scarcely be counted; extremities cool; jerking of the whole body or twitching of single limbs. The color of the body is bluish-red (Hydroc. ac.). The body is of a bluish color, while the forehead and face are pale; forehead cold and covered with cold perspiration. White distorted face; frightful shrill screams; short, quick breathing, but not rattling; occiput very hot; grating of teeth; involuntary discharge from bladder and bowels.

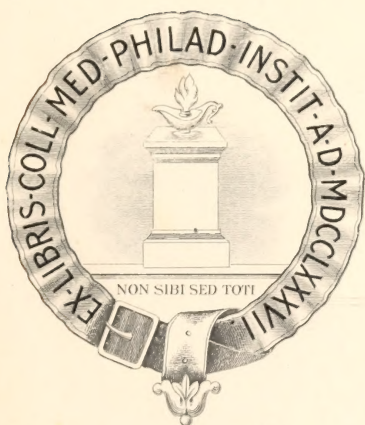
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